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13 October 2007



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NEW IN SMOKING CESSATION THE POWER TO HELP



CHAMPIX Film Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION UK

Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg.

Presentation: White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side.

Indications: Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows. Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily, Days 8-12: 1 mg twice daily. The patient should set a date to stop smoking.

Contraindications: Champix should not be used in patients with known hypersensitivity to varenicline or any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma

levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack



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Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55.
2. Jorenby DE *et al.* JAMA 2006; 296:56-63.
3. Tonstad S *et al.* JAMA 2006; 296:64-71.

4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

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Chemist+Druggist

news education tools for the pharmacy community

Comment from the Editor

The review
mustn't become
an inequitable
handout



Last week we had the rhetoric of Lord Darzi's view on the future of the NHS; this week the Chancellor of the Exchequer revealed whether the promises would be backed by hard cash.

On Tuesday, the government's comprehensive spending review (CSR) pledged a 4 per cent annual uplift in the NHS budget for the next three years with total NHS funding set to reach a mammoth £110 billion in 2010-11.

Some of this cash will be spent on improving access to services in primary care: 100 GP practices will be built in areas with low medical provision and 150 GP-led health centres that will open seven days a week will be rolled out. There are also plans to tackle health inequalities and manage long-term conditions in the community.

At first impression, it appears to be a wonderful opportunity to get all primary care health professionals working together for the benefit of patients. But with the GP lobby quick to exert its influence by warning against using the 'private' sector, the CSR must not become an inequitable handout.

Community pharmacy is facing a huge loss of income following last month's clawback of profits, and the government needs to re-engage with contractors and their staff. A guarantee there will be a level playing field when it comes to commissioning Lord Darzi's initiatives would be a good start.

The double act of Lord Darzi and health secretary Alan Johnson has set the ball rolling by engaging pharmacy in discussion over in-store GP services but, without sustained funding and development, it will be another lost opportunity to get the best out of England and Wales's 10,000 pharmacies.

Chemist+Druggist 2.0

It's finally arrived. A decade after launching, C+D's website has been reborn as the all-new interactive www.chemistanddruggist.co.uk. From news to blogs, clinical articles to forums, there's something for everyone. But to make it as useful as possible, we need your views. Tell us what you like or dislike, what makes you happy or angry, and what you want more of. Email us at haveyoursay@cmpmedica.com.

Gary Paragpuri, Editor

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Schering-Plough in supply talks

Drugs firm approaches wholesalers but puts changes on hold until OFT completes market study

Max Gosney

Schering-Plough UK has become the latest drugs manufacturer to review the way its medicines are supplied to pharmacies.

The pharmaceutical firm confirmed it had launched talks with wholesalers on a "number of options" for drugs distribution.

However, Schering-Plough said a final decision was on ice until the Office of Fair Trading had finished its market study into the impact of changes to the wholesaling sector.

Over the past year, manufacturers including Pfizer, AstraZeneca, Napp Pharmaceuticals and sanofi-aventis have all made moves to take greater control over the supply of their products.

A Schering-Plough spokesman told C+D: "We're in the process of investigating a number of options to make sure we've got an optimal system."

Driving force: Schering-Plough wants the review to deliver optimal drugs supply



Schering-Plough ruled out the possibility of adopting a single channel of distribution. The company said it "understood the importance of working with a number of suppliers" to ensure drugs supply.

Schering-Plough, whose portfolio includes Diprobase and Subutex, also looked to play down the significance of the current review. The spokesman added: "Schering-Plough regularly evaluates various distribution schemes

and other business models."

However, pharmaceutical wholesaler insiders told C+D they had already been formally approached by Schering-Plough over a new distribution model.

But the drugs firm was unable to confirm which wholesalers had been contacted. Martin Sawyer, non-executive director of the British Association of Pharmaceutical Wholesalers, said he was aware of the Schering-Plough discussions.

Pharmacists said any further manufacturer-led supply deals will end up increasing their workload.

Gary Warner of Regent Pharmacy in Shanklin, on the Isle of Wight, said: "It doesn't help patients, and there is a risk of destabilising the wholesaler network in the mid- to long-term."

Schering-Plough stressed that patient safety and reliable supply was a priority.

Retention fees consultation 'not public vote'

The Royal Pharmaceutical Society's consultation on retention fee rises is "not a public vote", Lambeth has stressed.

The warning came in response to questions on whether a 10,000 strong online protest against fee rises will be counted as a single consultation response.

Sue Ambler, acting director for education and registration at the RPSGB, said: "A formal consultation is a serious process and should not be considered a public vote; the most weight will be

given to the responses that contain the most cogent ideas and arguments."

Ms Ambler said the Society had received 1,007 responses – around 2 per cent of the membership.

Rob Darracott, chief executive of the CCA, said: "This demonstrates the strength of feeling among both individual pharmacists and the bodies that represent them. We hope that the Society will listen to its members, and review its fee policy accordingly."

The Society also revealed that an

executive summary of the consultation responses will be published on the website.

Meanwhile, the Pharmacists' Defence Association said in its submission to the consultation it had expressed specific concerns such as its belief that the pension deficit should not be resolved through an increase in membership fees. And John Murphy, director of the PDA, said although the association wanted to support the RPSGB in its transition into a professional leadership body,

"the new body will need to learn lessons in the way it communicates with its membership".

"The overall tone and language used, like many other communications from the Society, could be perceived as aloof and arrogant," he added.

The RPSGB is due to make a decision on fees by November 1. **ZS**

What do you think of RPSGB fee consultation?
zsmeaton@cmpmedica.com

Cash injection for health by 2011

The government has announced that spending on healthcare will increase over the next three years to £110 billion by 2010-2011.

The Treasury's 2007 comprehensive spending review (CSR) includes a three-year settlement for the Department of Health, with the NHS in England seeing an increase in budget from £90bn this year to £110bn in 2010-2011 a rise of 4 per cent a year in real terms

It was unclear how much of this

money would reach pharmacy as C+D went to press. Last month, sources close to Alan Johnson, the health secretary, said the health secretary had submitted a bid for extra pharmacy funding under the CSR (C+D, September 29, p7).

Georgina Craig, Company Chemist's Association lead for commissioning policy, said: "Pharmacy needs to present a robust business case for future investment." **JR**

New C+D website launches

Two websites have been unveiled by C+D this week, giving readers access to a wealth of online pharmacy information.

C+D's own website has been completely revamped and can now be found at www.chemistanddruggist.co.uk It features breaking news, blogs, educational articles and a community section for reader feedback.

In addition, SearchMedica, which is owned by C+D's parent company CMPMedica, has added a pharmacy-specific section to its powerful medical search engine.

The site – www.searchmedica.co.uk – will enable users to quickly find websites containing relevant material such as guidelines and drug information.

Visit C+D and Search Medica at this weekend's Pharmacy Show.

PSNI fears future voice

President says evidence points to Northern Ireland pharmacists being ignored

Zoe Smeaton and contributed

A UK-wide solution to professional regulation could result in Northern Ireland's pharmacists losing their voice, according to Raymond Anderson, president of PSNI.

In his address to the Society's AGM, Mr Anderson said there was already evidence that Northern Ireland's pharmacists were being ignored within a UK context. He called for more information on what a UK-wide solution will look like.

Mr Anderson pointed to the recent consultation on pharmacy supervision, and said although PSNI had been opposed to the proposals, the government had said there had been "overwhelming support for the move". He said he feared that if the Society was absorbed into a UK-wide body without safeguards being built in, they would have even less chance of being heard.



Raymond Anderson: concerned that Northern Ireland voices should be heard

Mr Anderson said having an independent voice and autonomy in decision-making was important. Legislation currently going through

Parliament could legalise the dispensing of prescriptions from all EU countries in the UK. This would be particularly important for Northern Ireland, which shares a border with another EU country. Mr Anderson said Northern Ireland would need to be able to work closely with the Republic of Ireland on such issues in the future.

A recent PSNI poll found that more than half of members favoured retaining PSNI with robust Chinese walls between its regulatory and professional roles, rather than putting Northern Ireland in the hands of a UK regulator.

But Raymond Blaney, director of PSNI, said the Society was open to reviewing all options. Although he added that securing an appropriate solution in Northern Ireland would be a "significant challenge".

The DH was unable to comment as C+D went to press.

Vigilance needed over category M

Contractors must be "vigilant" in monitoring disruption to their cashflow due to the unprecedented reduction in generics purchase profits, a pharmacy finance expert has said.

Umesh Modi, a partner at accountancy firm Silver Levene, said business owners should talk to their banks to arrange ways to deal with income fluctuations. His comments follow PSNC's announcement that pharmacy faces an annual £400 million cut from current category M margins. "Clearly [contractors] need to monitor things and perhaps consider looking at their expenses, if necessary, and obviously to have a line of credit – an overdraft facility," Mr Modi said.

Sales of pharmacy premises could also be adversely affected by the latest clawback, Mr Modi suggested, as goodwill values could be reduced by 25 per cent. "Banks are going to be concerned about this in terms of how they lend to new businesses," he said.

But Tony Townsend, sales manager of business transfer agency Orridge Pharmacy Sales, said he did not think there would

be a significant impact on business sales. "I think there's a tremendous confidence and, above that, a huge desire to expand," he said.

"I firmly believe a good pharmacy business will continue to command a good price."

Bharat Shah, managing director of Sigma Pharmaceuticals, said problems arising from the category M cut had been compounded by

lack of notice from the government.

Hard copies of the new tariff, effective from October 1, had not yet been sent to contractors, he said.

The DH said the tariff was published on the Prescription Pricing Division's website on September 27 and delays in hard copies were linked to recent postal strikes. **JR**



Consult banks over cashflow difficulties, financial experts advise

News in brief

Roll up for the Show

The world's fastest bowler, Shoaib Akhtar, will set the ball rolling at this weekend's Pharmacy Show. Delegates at the event, to be held at the NEC in Birmingham on October 14 and 15, will have the chance to meet the cricketer.

A seminar programme will run on both days, where visitors can hear from speakers such as Conservative shadow health secretary Andrew Lansley.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for October prescriptions: diamorphine 5mg injection ampoules; diamorphine 100mg injection ampoules; and diamorphine 500mg injection ampoules.

Coming to Cape Town

AAH will host its 2008 convention in South Africa from April 15 to 21. The Cape Town conference will carry a "passion, performance and delivery" theme according to the wholesaler. Pharmacists interested in attending should call 020 7812 7013.

Muscat next for UniChem

UniChem's 2008 customer convention will be held in Muscat, Oman. The event will be held between October 13 and 20 2008, at the Barr Al Jissah Resort and Spa Hotel, and customers interested in attending should contact 0800 634 0119.

Clarke goes live

The website of an independent inquiry into a future professional leadership body for pharmacy is now live at www.theclarkeinquiry.com. The consultation document will be available on the site from the end of the month.

Question of the Week

Do you think pharmacy will benefit from the extra NHS funding promised in the government's comprehensive spending review? Vote online on C+D's new website at www.chemistanddruggist.co.uk in the Question of the Week section. The results will be revealed in next week's issue.

Dispensary TALK

Who should play 'The Pharmacist'?



It all depends on how you want to portray a pharmacist. All the ladies would say Brad Pitt but then I think Michael Caine would make a good one too.

Ivo Vincour, Day Lewis Pharmacy, Billericay, Essex



I don't know. Nobody springs to mind. To be honest I don't think I watch enough films to comment. Life as a pharmacist is too busy.

Aina Osunkunle, K and A Pharmacy, Gateshead

Want to get something off your chest?
haveyoursay@cmpmedica.com

Safeguard contractors' incomes, says PSNC

» Fears raised as £991m set to transfer to local commissioners

Jennifer Richardson

Primary care trusts must not gain control of pharmacy funding unless "robust" measures to protect contractors' incomes are put in place, PSNC has warned.

The demands came in response to a government consultation on its proposals to transfer the £991 million held centrally into the hands of local commissioners.

Safeguards were needed to prevent PCT "manipulation" of funding, such as issuing prescriptions for longer periods to reduce the number of practice payments made, PSNC said.

"PCTs may have an incentive to manipulate prescribing to achieve local financial budgets, which undermines the principles in the

national funding of a fair level of remuneration and fair return for investment," said its consultation response.

Despite these concerns, PSNC was broadly supportive of the plans to devolve funding, saying they could simplify payment systems.

Hampshire & Isle of Wight LPC chief officer Mike Holden echoed PSNC's comments. "We're not against [global sum devolution] in principle, providing those safeguards are put in place to ensure contractors are paid for the work they do at the appropriate rate," he said.

City & Hackney PCT's head of prescribing and pharmacy Jonathon Mason also endorsed the contract negotiator's concerns.

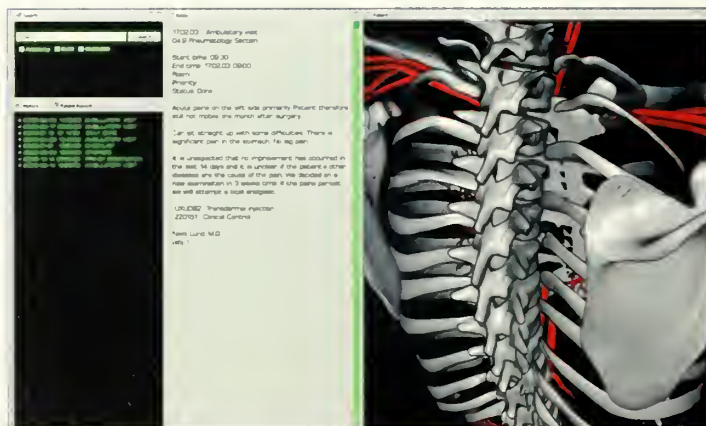
"We don't want pharmacists to lose out either," he said.

Safeguards could be similar to those governing the general medical services contract and involve ring-fencing of pharmacy funds, he suggested.

Mr Mason also voiced concerns about the level of support for PCTs to effectively manage new funds and make payments.

As the consultation drew to a close, a DH official said the number of submissions had been "reasonable", and a response would be published within two to three weeks of the October 17 deadline.

Will PCTs swallow pharmacy cash?
jrichardson@cmpmedica.com



New visualisation software, developed by IBM, could enable healthcare professionals to view patient medical records on animated human bodies. A 3D 'body' would allow doctors or pharmacists to select a part of the patient's body and retrieve relevant medical information, saving time. A full version of the software could be released next September. How much access to patient records pharmacists can expect is still unclear

Pharmacist film gathers pace

Pharmacists across the country have been struck by film fever following the announcement of a movie called The Pharmacist last month.

C+D has heard from several pharmacists offering their premises as a film location, and others suggesting stars for the lead roles.

Ramesh Raghubeer, a pharmacist in Croydon, said he would be happy to have the film shot in his pharmacy as it would make work a bit more fun. **ZS**

C+D

at the Pharmacy Show 2007

Hall 17, Birmingham NEC, 14-15 October 2007

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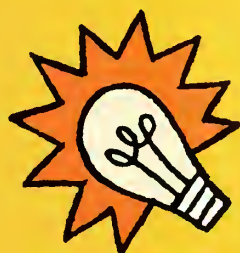
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PARTNERS IN PROGRESS

News in brief

IT group meets

The pharmacy and IT group, set up by the pharmacy is more focused in NHS IT arrangements met last Thursday. Andy Khan and EPS release one were discussed, but attendees could not give more details as C+D went to press.

Ooh aah MUR!

Elland Road, former home of football legend Eric Cantona, will host a medicines use review accreditation day next month. Medway School of Pharmacy and Pharmaceutical & General Provident Society will host the event at the football stadium on November 18. Places are limited to the first 50 applicants. For more details phone 0800 146307 or email sales@pgdirect.co.uk

TB script exemption

Tuberculosis medication is now exempt from prescription charges in Scotland, under new regulations which came into effect on October 1. Until new prescription stationery is issued in the new year, TB patients will mark Box L (free of charge contraceptives) on the current form. Pharmacists have been instructed by the Scottish government to endorse the prescription by marking it 'TB'.

Red Tape reward

The Better Regulation of OTC Medicines Initiative has won the Red Tape Reduction Award 2007. BROMI, which aims to reduce regulatory burdens, was named the winner by the International Standard Cost Model Network in Warsaw.

Play politics to prosper

►► Profession must 'shout louder' to register on Westminster's radar, says RPSGB chief

James Clegg

Pharmacists must get more political to preserve the future of the profession, a Royal Pharmaceutical Society Council member has claimed.

Graham Phillips, chair of the RPSGB's education committee, urged colleagues to "shout louder" about themselves at a conference of primary care tsars in London this week.

Mr Phillips said: "We need to not just be involved with the clinical

agenda, we need to get involved in the political agenda. Look at when the nurses gave a barracking to the previous health secretary – that almost ended her political career. We need to learn to shout louder."

Mr Phillips also called for greater involvement in practice-based commissioning and accused GPs of trying to "lock pharmacy out of PBC".

Mr Phillips told the Primary Care Live conference at ExCel in London: "If you take PBC and look at all the stuff going on in the NHS, there's

an opportunity for pharmacists to do ground-breaking work. Locking pharmacy out of PBC is GP self-interest but if we work with them we can take some of the workload and free them to do other things."

In his presentation he described the Society's vision for pharmacy as "medicine focused, patient centred, community spirited".

Are pharmacists shrinking violets?
haveyoursay@cmpmedica.com

Call for wider role for sector

Pharmacy can look back on mixed fortunes from the opening phase of Lord Darzi's blockbuster NHS review, industry chiefs have said.

Last week's interim report on delivering a "world class" healthcare discussed the profession's role in out-of-hours care. However, representatives urged Lord Darzi to think more expansively about pharmacists' NHS role.

Stephen Fishwick, NPA head of NHS service development, said: "We are pleased that the interim report acknowledges community pharmacy's place in relation to achieving seamless urgent care, but urge Lord Darzi to take a broader view of the sector's potential."

Lord Darzi will now continue the review before publishing a final report in spring next year. **ZS**



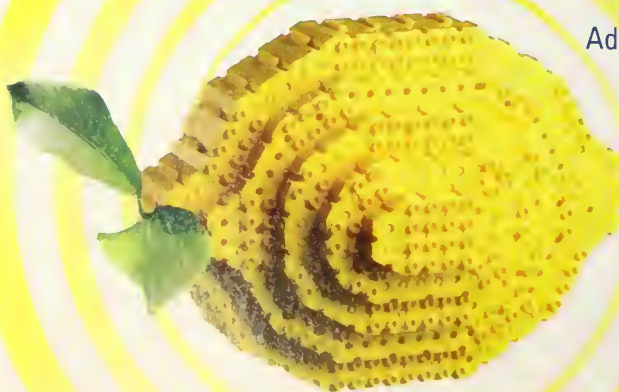
The NHS in the West Midlands has launched a six-week campaign to reduce medicine wastage. Local health chiefs said more than £35 million was spent on waste medicines in the region every year. To save money, GPs and pharmacists across the West Midlands are reminding patients with repeat prescriptions to only order the medicines they need, and encouraging them to have regular medicines use reviews. Pharmaceutical advisor at Herefordshire PCT Dr Saran Braybrook said: "We're encouraging people not to stockpile medicines, only order what is needed and to take all prescription medicines with them if they go into hospital." Pictured from the left are: Ramjit Kainth, pharmacy manager, Lloydsparmacy, Handsworth; John Morrison, lead pharmacist, Heart of Birmingham Teaching PCT; and Claire Parker, senior pharmacist, Sandwell PCT

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Northern lights

As another NHS review struggles to get the best from England's pharmacists, **Max Gosney** takes a trip to Belfast to see how Northern Ireland is converting contractors' potential

Another year, another blockbuster NHS review, but for pharmacists the same old frustrations.

Lord Darzi's latest £100 million master plan to bolster primary care in England makes familiar reading. The suits in Whitehall think you're great. No other profession delivers care into communities with the same convenience, popularity and panache. But, behind the sound bites, many of you can't get funding for clinical services and patients still run a mile on hearing the phrase 'medicines use review'.

An answer across the Irish Sea?

Perhaps it's time for the DH's policy team to take a trip across the Irish Sea. Northern Ireland's Building the Community-Pharmacy Partnership (BCPP) shows how, with proper funding and support, pharmacists can deliver substantial improvements to health.

The £1m project gave the low-down on its five-year mission to tackle the root causes of ill health in Belfast last week.

"The BCPP sees pharmacists work in partnership with a local community group or charity," explains Barbary Cook, director of Community Development Health Network. "It's all about responding to local health needs," she says. Once the pharmacist and charity have targeted a particular condition, they pitch for funding, Ms Cook explains.

Cash is divided across three tiers, she says. Level 1 funding of £2,000 gets projects off the ground, a further £10,000 is available once partnerships have identified key aims. Then, another £30,000 over three years is available

to successful projects, the CDHN chief adds.

What do BCPP projects do?

BCPP cash pays for pharmacists to deliver health messages direct to the community. For example, Robert Stockley, of LLT Community Association in Laurencetown, says: "We were able to buy the services of a pharmacist into a rural community with little healthcare access. He gave talks to various groups like men, women and playgroups on health risks."

The pharmacist spotted one patient with high blood sugar levels and carried out prescription interventions. However, the most important results were less tangible, Mr Stockley says. "People were more aware of what the pharmacist can offer. People really appreciated the project and they're keen for it to continue."

It's a common thread running through the 157 BCPP funded projects. An independent evaluation by Blueprint Development Consultancy and Community Evaluation Network lauds the partnership as "very successful in breaking down communication barriers between communities and community pharmacists" and "creating a much more co-ordinated approach to addressing local health needs". More than £900,000 of funding for projects targeting sexual health, nutrition and disease management delivered "value for money" say researchers.

How do pharmacists gain from the projects?

"People use the pharmacy more because they now view me as a health expert," says Brendan Lilley, of Medical Hall Pharmacy at Irvinestown, who teamed up with ARC, a local community health

charity to target advice at young mothers, elderly patients and school children.

Speaking in public was daunting at first, reflects Mr Lilley, but with coaching from the BCPP team he quickly grew in confidence. "Your audience don't want highly technical stuff. I did a talk with primary school kids on dental care and put on a pair of gloves covered in peanut butter to demonstrate flossing. It goes down really well."

It's been a similar story at Lloydspharmacy in Ballymena. Pharmacist William Greer partnered with the Ballymena Family and Addict Support Centre to improve the health of substance misusers. "Most pharmacists try and get substance misusers out of the pharmacy as quickly as possible," Mr Greer explains. Abandoning preconceptions and getting up in front of a group of these patients was not easy, he says. But the results have been impressive. "We're much more relaxed when substance misusers come in and because they know me they ask for advice on colds and flu. Also they treat the pharmacy as 'William's place' so they feel more of a responsibility to behave."

Both patients and pharmacists

“It's broken new ground. I don't know of anything that compares”



appear to reap the rewards of quality time together, analysis of the project reveals. Participating pharmacists recorded rises in smoking cessation, medicines management and minor ailment services alongside greater footfall.

Northern Ireland can be rightly proud of its BCPP project success, says NI's chief pharmaceutical officer Dr Norman Morrow. "It's broken new ground. I don't know of anything that compares. I've been so heartened and encouraged by its impact on people's lives."

It's a stark contrast to England where patients haven't got to grips with the changes implemented in the national contract. As one contractor recently complained to C+D: "You can't ask someone if they would like a medicines use review because they don't know what you mean."

The BCPP shows if you can break down communication barriers then the pharmacist, the patient and the government could all be winners.

Northern Ireland pharmacists on BCPP

Brendan Lilley, of Medical Hall Pharmacy, Irvinestown, gives presentations on health issues to the local community:

"I work with a wide range of groups. I talk to them with a flow chart about different health issues. It can be anything from a one on one to speaking to 60 pensioners and trying to hold their attention. It gives me a good opportunity to use my training outside of the shop and get into the local community. It's definitely affected business, it is buzzing in the shop. I'd say people see me as more approachable because I've gone out and spoken to them."

Anita Gribbens, of Gribbens Pharmacy, Toome, started the 'Time for me' project to address the isolation of young mothers in her village:

"When I first started business here 14 years ago there was no pharmacy; I don't even know if there was a doctor. There's a high number of young, unmarried mothers and I noticed a lot were on antidepressants, not I think because they were depressed per se but the isolation. I don't know if it has improved business financially but it's improved my relationship with the women who attend the meetings."

Building the Community Pharmacy Partnership

What is it? The group aims to improve healthcare in Northern Ireland through working partnerships between pharmacists and communities. It is run as a joint project between Northern Ireland's Department of Health, Social Services and Public Safety and the Community Development and Health Network.

How much does it pay pharmacists? The BCPP has invested over £900,000 in pharmacy since 2002.

What do pharmacists get from it?

- Increased awareness of pharmacy services among patients.
- Improved communications with local community.

- More customers coming through the door.
- A better understanding of local community issues.
- Has led to an increased uptake in pharmacy services.

What happens next? Pharmacists could be incentivised to take part in the BCPP under the forthcoming pharmacy contract, according to chief pharmaceutical officer Norman Morrow. However, the BCPP's future remains unclear due to government changes in Northern Ireland. The project will remain under the remit of the DHSSPS for now, but could move to the Public Health Directorate in the future.



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New C+D website

It's arrived. After months of development the new Chemist+Druggist website is here. From today, you'll find us online at www.chemistanddruggist.co.uk – a new website packed with new content. As you'll see, the site brings us into the Web 2.0 world and brings you the information and tools necessary for today's community pharmacy world. Here are five reasons why you should log on:

1

NEWS

News is the backbone of C+D and we can now deliver it to you as it happens and on the issues that matter to you. The site will feature **daily breaking news** as well as specific updates on **clinical matters** and **new product developments**. You can also register for email newsletters and sign up for an RSS feed so you won't miss anything.

2

EDUCATION AND TRAINING

To help pharmacists and pharmacy staff keep up to date with CPD requirements, we have refreshed our educational content, making it easier to navigate and more accessible. In our education pages, you'll find the weekly **Pharmacy Update** article and **Practical Approach** pharmacy scenarios as well as the latest **Law and Ethics bulletins** from the **Royal Pharmaceutical Society**.

Whether you're a pharmacist or pharmacy staff, application forms and modules for all available **training courses** brought to you by C+D are available through the site, including **Skills for the Future**, **Patient Monitoring in Practice** and **Counterpart Plus**.

3

EVENTS

Find out what's going on in your area with the events calendar. Or, if there's an event you're running, submit the details to us and we'll share it with the rest of the pharmacy community.

4

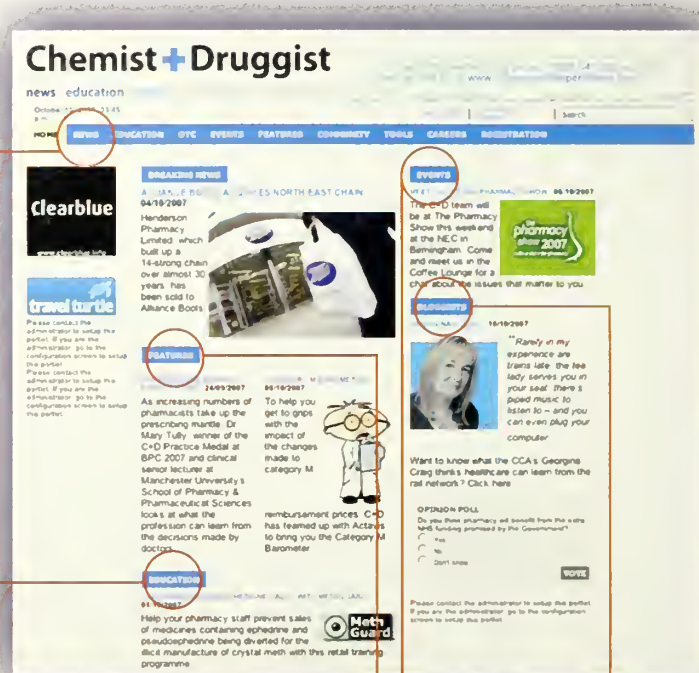
FEATURES

In-depth articles on clinical and business matters, as well as news analysis features taking a look at the stories behind the headlines, will now be available for you to read online or download as PDFs.

5

COMMUNITY

The community section of the site is a place where opinions about all things pharmacy can be exchanged. You'll find: **Comment** from C+D's columnist panel, which features leading industry figures from organisations such as the Royal Pharmaceutical Society, the National Pharmacy Association and the MHRA. **Blogs** from Dee Spencer, Georgina Craig of the CCA and views from C+D regulars, including **Xrayser**, **Northern Ireland Notebook**, **LPC Inbox**, **Hospital Report** and **Black Bag**. There's also lively debate in the **C+D Forum**, where users can discuss the pressing issues of the day.



Have your say

Share all we want to hear from you have your say on the site.

• **Post comments on stories**
Agree or disagree with what's being said? Why not start the debate by posting your thoughts on news and feature articles.

• **Chat in the Forum**
Engage in the debates and discussions in the forum to get across your views.

• **Vote in the Poll**
We'll be asking you questions, both serious and not-so-serious, on our poll every week so register your vote and check out the results in the following week's C+D.

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for headaches, sore throats,
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(12.2mg Phenylephrine Hydrochloride)

✓ **Plus Guaifenesin**
for chesty coughs
(200mg Guaifenesin)

Lemsip Max All In One Lemon Essential Information

Active ingredients: Paracetamol 1000mg, Phenylephrine Hydrochloride 12.2mg and Guaifenesin 200mg per sachet. **Indications:** For relief of the symptoms of colds and influenza, including the relief of aches, pains, sore throat, headache, nasal congestion, lowering of temperature and chesty cough. **Dosage Instructions:** Oral administration after dissolution in water. Adults and children over 12: One sachet dissolved by stirring. Dose may be repeated every 4-6 hours. No more than 4 doses should be taken in 24hrs. Not to be given to children under 12 without medical advice. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease. Hypertension. **Precautions:** To be used with caution by patients with severe hepatic or renal dysfunction, Raynaud's Phenomenon, diabetes. Do not take with any other paracetamol-containing products. The product contains paracetamol and the stated dose must not be exceeded. Keep out of the reach of children. If symptoms persist, the patient should consult a doctor. Patients who are pregnant or are being prescribed medicine must seek a doctor's advice before taking this product. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and beta-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates MAOI drugs and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with MAOIs. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. Guaifenesin may increase the rate of absorption of paracetamol. Guaifenesin may interfere with the diagnostic measurements of urinary 5-hydroxyindoleacetic acid or vanillylmandelic acid. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding; occasional doses have no significant effect. Contains aspartame. **Side-Effects:** Adverse effects of paracetamol are rare, but hypersensitivity including skin rash may occur. There have been a few reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol. Phenylephrine HCl: High blood pressure with headache and vomiting, probably only in overdosage. Rarely palpitations. Also, rare reports of allergic reactions. **Legal Classification:** GSL. **Licence Holder:** Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. **Licence Number:** PL 00063/0168 **Price:** £4.99 for 10s. **Date of preparation:** May 2007.

¹ Compared to the leading All In One ² AC Nielsen unit sales 52 w/e 8th September 2007

Superdrug launches spin-off health store

» Retailer could convert chain of Savers discount stores into pharmacy-led outlets

James Clegg

Superdrug is piloting a dedicated health store in Brighton as part of plans to boost its high street pharmacy offering.

The retailer has converted a Savers discount beauty goods store into a Superdrug Health branch in the seaside city. The format could roll out to other areas in the UK where Savers and Superdrug branches are closely located, said Superdrug's superintendent pharmacist Martin Crisp.

He said: "The Superdrug Health model is clearly branded as a pharmacy. With all the changes in pharmacy, we've got to make the transformation to providing services.

"This is an opportunity for us to look at rolling out these stores where we have Savers stores near other Superdrugs. So in those areas there will be two specialist shops, one for beauty and one entirely devoted to health."

Superdrug is waiting to see how



Superdrug Health stores could be rolled out in areas where a Savers store is nearby

successful the pilot scheme is before confirming plans for more Superdrug Health outlets.

Superdrug's parent company AS Watson owns more than 250 Savers stores in the UK.

As well as acting as a dispensary, the Superdrug Health store in Brighton offers services such as a

mole check clinic and osteoporosis tests. Superdrug has also entered into partnerships with Smile Store to provide dental services, including teeth whitening, and Transform Cosmetics for non-surgical cosmetic treatments such as Botox. The in-store cosmetic services can cost up to £360.

Left jab: pharmacist Prakash Mahtani gives Joe Hegarty, chair of Westminster PCT, a flu jab to launch the local annual flu vaccination campaign. Mr Mahtani of Warwick Pharmacy, Westminster, is from one of more than 20 pharmacies taking part in the campaign. Customers from vulnerable groups, including everyone over 65 and those with respiratory conditions, can get a free flu jab by visiting participating pharmacies until the end of January 2008. Pharmacists receive a fixed payment of £7.51 per patient vaccinated. Also pictured is department of health director of immunisation, Professor Salisbury



Provider of over-prescribed drugs reprimanded

A pharmacist who provided five years' worth of medicine in just 14 months to a woman patient has been reprimanded by the Royal Pharmaceutical Society.

Adegboyega Salako, of Limbury Mead, Luton, Bedfordshire, had dispensed osteoporosis drugs "well in excess" of reasonable requirements, a Statutory Committee hearing was told.

Mr Salako had given one year's

supply at one go and a month later nine months' worth, the RPSGB was told.

Committee panel chairman John Burrow said: "Supply was for commercial reasons and he was not acting in the best interests of the patient. Although lawful and not dishonest, his dispensing was seriously deficient."

However, Mr Burrow said the financial gain was "small – less

than £100", the original error was the "prescribers" and "there was no finding of dishonesty in this case".

Mr Salako's case claimed he made "several attempts to contact the prescribers to alert them to what was happening but he could not get through to them personally and their staff seemed unconcerned", the hearing was told. **UKL**

Clinical Alerts

MHRA alerts

BD Plastipak 1ml, 2ml, 5ml and 10ml hypodermic Luer slip syringes. Large number urgently recalled due to device failure. www.mhra.gov.uk

New products

Alateris tablets (glucosamine): symptomatic relief of mild to moderate knee osteoarthritis.
Florinef 0.1mg tablets (fludricortisone): 100 pack size.
Pergoveris powder for injection (FSH and LH): stimulation of follicular development in women with severe LH and FSH deficiency.
Plavix 75mg tablets (clopidogrel): new 30 pack size.
Mircera (methoxy polyethylene glycol-epoetin beta): once-monthly erythropoiesis stimulating agent for maintenance treatment of renal anaemia. www.emc.medicines.org.uk

Discontinued products

Minulet (ethinyloestradiol plus gestodene): immediate discontinuation – out of stock since January.
Tri-Minulet (ethinyloestradiol plus gestodene): immediate discontinuation – out of stock since May 2006.

SPC changes

Aclasta intravenous infusion (zoledronic acid): Additionally indicated for post-menopausal osteoporosis in women at increased risk of fracture.
Univer capsules (verapamil): Addition of interactions with simvastatin, erythromycin, ritonavir and ketoconazole.
Telzir oral suspension (fosamprenavir): Now indicated for use from six years upwards.

OTC orlistat for Europe?

GlaxoSmithKline Consumer Health has applied to sell the anti-obesity agent orlistat over the counter in Europe. According to the PharmaTimes website, the European drug regulator is reviewing the application.

Gardasil use extended?

Sanofi Pasteur MSD has applied to extend the licence for its human papillomavirus (HPV) vaccine Gardasil. The EU drug regulator is considering whether Gardasil can be used to prevent vulvar and vaginal cancers due to HPV types 16 and 18.

Herbals under attack

Medical school finds no convincing evidence for the use of herbal medicines

A review by Peninsula Medical School researchers has concluded there is no convincing evidence for using individual herbal medicines in any indication.

The review by the school's complementary medicine specialist Professor Edzard Ernst and colleagues covered papers identified from electronic databases, and also those suggested by experts in the field. The search for evidence included herbs used in European,

Chinese and Ayurvedic medical herbalism.

The results revealed just three randomised clinical trials.

In a trial of osteoarthritis of the knee, statistically non-significant trends favouring active over placebo treatment were identified as probably being due to statistical issues.

A study of a herbal therapy in irritable bowel showed that while active treatment was superior to placebo in some outcome

measures, it was inferior across a range of outcomes.

And a trial of a herbal treatment used to prevent chemotherapy-induced toxicity found that it was no better than placebo.

The researchers said lack of evidence for individual herbal treatments for any condition combined with the potential for adverse drug-herb and herb-herb interactions meant that they could not be recommended.

Postgrad Med J 2007; 83: 633-37.

Topiramate useful in alcoholism?



The epilepsy and migraine treatment topiramate has emerged as a promising possible treatment for alcoholism in a study published in the Journal of the American Medical Association.

The multisite study including 371 men and women lasted for 14 weeks. The participants in the active arm received up to 300mg/day of topiramate, and both treatment and placebo arms received psychosocial treatment.

The results showed that those receiving topiramate had fewer heavy drinking days, fewer drinks per day and more days of continuous abstinence than those receiving placebo.

The authors concluded that topiramate was safe and effective, and should be trialled in community practice settings.

JAMA 2007; 298: 1641-51.

Scottish Medicines Consortium approvals

The Scottish Medicines

Consortium has accepted the DPP-4 inhibitor sitagliptin (Januvia, MSD) in treating type 2 diabetes patients who have not achieved adequate glycaemic control with diet, exercise and metformin.

It is restricted to patients who are not appropriate for treatment with sulphonylureas.

The SMC has also approved

omalizumab (Xolair, Novartis) as an add-on therapy to improve asthma control in adult and adolescent patients of 12 years and over. It should be prescribed by hospital physicians, and is restricted to patients receiving steroids, and who have failed other treatments.

The Consortium has also approved ertapenem (Invanz, MSD) in preventing surgical site infection

following colorectal surgery, and the formoterol inhaler (Atimos Modulite, Trinity-Chiesi) for treating COPD.

Escitalopram (Cipraxel, Lundbeck) and ziconotide (Priault, Eisai) were not accepted for treating obsessive-compulsive disorder and severe chronic pain respectively.

www.scottishmedicines.org.uk

Antioxidants do not halt early AMD

Antioxidant supplements do not prevent early age-related macular degeneration (AMD), say Australian researchers.

The team analysed 12 studies that considered the role of a number of dietary antioxidants, including vitamins A, C and E, zinc, α - and β -carotene, and lycopene. Early AMD can lead to severe loss of central vision, and dietary antioxidants have long been

suggested as a way of preventing the disease's progress.

The authors concluded that the antioxidants had little or no effect in the primary prevention of early AMD in well-nourished Western populations. They added that the only accepted modifiable risk factor remained smoking, and patients wanting to prevent AMD should be advised to quit the habit.

www.bmj.com/onlinefirst



Clinical Matters

Colorectal cancers find

A combination of statin and low-dose aspirin preventative treatment may be associated with a one-third reduction in colorectal cancers, according to a German study.

Int J Cancer 2007; 121: 1325-30

Bone strength vital

A strong skeleton may be less likely to be penetrated by metastasising cancer cells, Australian researchers have reported. They also suggested that trials should determine whether calcium and vitamin D supplementation could help prevent bone metastases in breast cancer patients.

Cancer Research, October 1.

Thalidomide for myeloma

Adding thalidomide to the usual combination therapy of melphalan with prednisolone is associated with significantly improved survival in multiple myeloma, say the authors of a study published in The Lancet.

The Lancet 2007;

370:1209-1218.

Cell stress in Parkinson's

Defects in the mitochondrial PINK1 gene may contribute to the development of Parkinson's disease by making the cell more vulnerable to cell stress, researchers at the University of Leicester and the Cancer Research UK's London Research Institute have suggested.

Nature Cell Biology, 2007, September 30.

Smoking and MS

Contrary to earlier reports, smoking does not provide any protection against multiple sclerosis, according to a study published in the October 9 issue of the journal Neurology.

Catheter guides

User guides for people carrying out intermittent self-catheterisation have been introduced by Astra Tech. The booklets – available in male and female specific versions – include colour illustrations, a question and answer section, and useful contacts. For more information, call Astra Tech on 0800 652 3350 or log onto www.lofric.co.uk

It's time to redress the balance

The contract is failing to live up to its promises and failing pharmacists, says CCA chief executive Rob Darracott

News about the realignment of category M prices and the imminent publication of a pharmacy white paper are cause for serious thought. It is time to take stock of the impact of the contract

on community pharmacy thus far.

The contract in England and Wales was negotiated as a package. All parties signed up to its key constructs: a fair return on investment, fair reimbursement, and the development of clinical services provided from a secure network of pharmacies.

Like many independents, CCA member companies have invested heavily in premises and staff in anticipation of providing the services it envisaged. But it is increasingly clear that some parts of the package are working more effectively than others.

CCA member companies want a contract that rewards the provision of a wide range of pharmacy services beyond dispensing. The government continues to signal, at the highest levels in recent weeks, that it wants that too. Unfortunately, PCTs' response so far to the challenge of primary care commissioning has been patchy. And money is only part of the problem.

The CCA argued strongly to both the Galbraith Review and the all-

Everybody's talking about Aveeno

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Ms B-C, dry skin sufferer - Wapping

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Dr I, GP - Brighton

"Aveeno contains natural colloidal oatmeal so it's incredibly gentle yet amazingly effective and, unlike traditional paraffin-based emollient therapies, soaks in immediately so patients can just get on with it."

Ms R, health visitor - Ealing

Visit www.aveeno.co.uk for more information on Aveeno.

Letters

Looking back to

So, where are the salad days of our professional youth? What happened to the easy greeting, the cheery hello, the immediate rapport and the bold badinage between the youthful pharmacist and the appreciative customer of our early days? And robots are becoming increasingly popular in pharmacies, laments Xrayser (C+D, August 4, p15).

Working recently on the 'Costa Geriatrica' everyone seemed to be in the fast lane. Senior people, who I thought had all the time in the world, were the most impatient. They would hiss and tut at any word wasted on another person yet bolt down their own mantra: "It won't be long will it?". Like swallowing an unpleasant aperient.

Late one afternoon a woman rushed into the shop to buy some

party parliamentary group on pharmacy inquiry that PCTs' competence in relation to primary care commissioning was, as yet, unproven. We also argued that linking incentives across primary care – particularly to facilitate collaboration between GPs and pharmacists – would help deliver improved services to patients.

Now, in the absence of new income from commissioned services, the expediency being applied to reimbursement is seriously compromising the balance between the contract's underpinning constructs.

The timing of changes to category M is unfortunate. The emphasis on this single element of the package is creating unacceptable uncertainty for pharmacy owners – the same pharmacy owners who are still waiting to provide the clinical services that they signed up for. Furthermore, the CCA is concerned that a focus on a small group of molecules is destabilising category M and jeopardising the continuity of medicines supply. We must all remain vigilant. If we don't, patients may be deprived of the medicines they need as an unintended consequence of the most recent action.

What pharmacy contractors must call for now is effective action across the piece; and some healthy lateral thinking. The white paper might present the opportunity to

address these fundamental issues, but perhaps a new precedent should be set as part of the process. Pharmacy is saving the NHS millions through its effective procurement of medicines. That money should be reinvested in patient services, provided from pharmacies. Otherwise an opportunity to realise a vision for pharmacy that both government and contractors share will have been wasted.

Rob Darracott is chief executive of the Company Chemists' Association

“ Emphasis on category M is creating unacceptable uncertainty for pharmacy owners ”

Voted patients' favourite emollient

Aveeno Cream with natural colloidal oatmeal has been voted patients' favourite emollient in the North Tees & Hartlepool NHS trust every year for the past 10 years.* Now that's something worth talking about.



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Aveeno

For further information on the Aveeno range please visit www.aveeno.co.uk

*Dean B and Carmichael AJ. Emollient packs - choice in dermatology. Clinical Pharmacy Europe 2006 (Summer); 33-35.

our salad days

vinegar ear drops for her father's ear wax. I remarked that the acetic acid ear drops available were for soothing mild ear irritations not wax removal.

She was adamant that her father's request was correct and demanded that I chase the district nurse, the source of the recommendation. For neither the customer nor her absent father had time to waste in the pharmacy or in the local surgery.

I offered olive oil ear drops as an alternative as I remarked on the difficulty in locating the district nurse at such a late hour. I was amused as I believe the patient had linked the ear drop request to the ingredients of a vinaigrette dressing and had muddled them. In his haste he too probably longed for those salad days of conversation.

Norma Cox MRPharmS, London

Strategy

Let them advertise

Direct to consumer advertising of prescription medicines is a bad thing was an article in last week's BMJ. You might think so if you're a GP, but you probably won't if you work for a drugs company. But what do pharmacists think?

The main argument against this type of advertising is that it results in patients receiving inappropriate drugs. But while it's easy to blame the drugs company for this wrong decision, the patient and their GP must share some of the responsibility. No patients get any drugs unless their doctor prescribes them, after all.

An obvious anomaly is that the public are 'allowed' to see adverts for a whole range of other things about which they can often make the wrong decisions. Adverts promoting alcohol, unhealthy food, gambling, 'cheap' loans and cosmetic surgery, for example, are everywhere. These all influence poor

old Joe Public to do daft things. But people should be able to think for themselves, shouldn't they? This rule only applies when it doesn't cost the government any money and it doesn't make doctors' lives any more difficult.

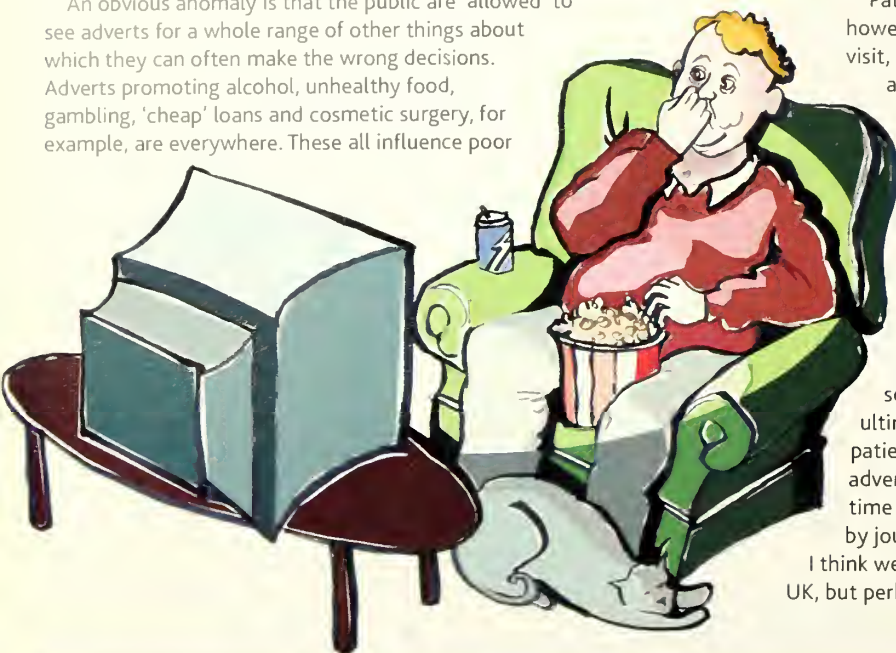
All of the above don't directly cost the government anything after the associated taxes are collected, however people are influenced. It's important to remember that advertising designed to influence NHS prescribing decisions is almost unique because the direct cost is borne by the government, not those making the decision. Imagine an advert that would encourage people to change how many police patrolled their local beat, or whether they had a local library (or even if they had a new pharmacy built nearby).

Patients are given similar powers if there is money to be saved, however. The DH wants patients to choose which hospital they visit, based on performance figures. The increased competition among hospitals will ultimately provide the DH with better value for money.

Of course GPs want an easy life and their patients to be happy, but they can't be so weak willed that they are unable to refuse inappropriate requests for particular medicines. If a 16-year-old is influenced by advertising to want to purchase alcohol the licensee is expected to be able to refuse the sale. And we can't have one rule for doctors and another for everyone else – doctors are allowed to see drug adverts, so patients should be allowed that same right.

I'm in favour of freedom of information and patient choice so I think direct to consumer advertising should be allowed. The ultimate responsibility lies with the prescribing doctor, not the patient, and they must accept this responsibility. At least drug adverts are regulated and would perhaps save me some of the time I spend arguing against the wealth of disinformation spread by journalists.

I think we're unlikely to see direct to consumer drug advertising in the UK, but perhaps for the wrong reasons.



Pharmacist in the House

Sandra Gidley MP

Procedures and systems are stifling clinical decision making

Pharmacy has taken a bit of a back seat recently. Talk of a general election, and a meagre majority of 125, has meant that I have been rather preoccupied with political matters. This has also led me to read rather more political blogs than usual. The surprise was to see pharmacy getting a mention.

Why has pharmacy been of interest to a political blogger? Well, the blogger in question was Nick Robinson who is the BBC's political correspondent. He was away from home in Blackpool and found himself without an inhaler in the middle of the night. He rang NHS Direct and was advised to contact the out-of-hours service. Deciding that this was an over the top reaction he waited for the morning so that he could visit "the local chemist". He was wheezing but was told he needed a prescription. The doctor could not fit him in straight away and the NHS walk-in centre did not issue prescriptions. Nick described everybody as pleasant but not ultimately helpful.

I suspect that many pharmacists would have declined an emergency supply as the surgeries were open. But, the patient was away from home and was wheezing so it could have easily been argued that the best interests of the patient would have been served by supplying the inhaler in question.

I can only hazard a guess as to why the supply wasn't made. Some pharmacies may direct patients to the local GP if the surgery is closed. Other pharmacists may have been

helpful in the past only to be faced with a tirade when asking for payment.

It occurred to me that the reason could be pure self protection. It is highly unlikely that a pharmacist would be referred to the Stat Com for not making an emergency supply. Unfortunately some pharmacists, rightly or wrongly, may take the view that making a professional decision is far more likely to lead to them being referred. Our current processes and procedures seem to be emasculating the profession at the very time that we should be encouraging pharmacists to make professional, clinical decisions.

If there was a company policy in place this poses other questions. Is such a blanket policy in the best interest of all patients and does such a policy erode the professionalism and the autonomy of the individual pharmacist?

These are particularly important questions in light of the current debate about future responsibilities of employers.

Sandra Gidley, Lib Dem MP and shadow health spokesperson



NEW

Powerflu **relief**

Powerful relief tablet with codeine - Nothing treats more cold and flu symptoms...

Powerflu **recovery**

PLUS a high dose vitamin C tablet to help the body fight infection deep down.

Powerflu **in pharmacy**

New two tablet cold and flu treatment

Olbas Powerflu: Paracetamol,
Codeine phosphate,
Diphenhydramine hydrochloride,
Phenylephrine hydrochloride,
Caffeine. Vitamin C Tablet:
Sodium ascorbate & Ascorbic
acid. Also contains sucrose.

Always read the label



£2m launch campaign on TV and in the press

www.powerflu.co.uk

Olbas Powerflu plus Vitamin C Tablets. Distribution and Product Licence held by GR Lane Health Products Ltd, Sisson Road, Gloucester, GL2 0GR UK. **Indications:** Olbas Powerflu: For the relief of symptoms associated with colds and flu: nasal and sinus congestion, headache and runny nose, fever and aching limbs and nasal congestion in allergic conditions. Vitamin C Tablet: For use as a Vitamin C supplement during cold and flu infections. **Active Ingredients:** Olbas Powerflu: Each white tablet contains Paracetamol 500mg, Codeine phosphate 10mg, Diphenhydramine hydrochloride 15mg, Phenylephrine hydrochloride 10mg, Caffeine 30mg. Vitamin C Tablet: Each yellow, lemon flavoured, chewable tablet contains Sodium ascorbate & Ascorbic acid equivalent to 300mg of Vitamin C. Also contains sucrose. **Dosage: Adults:** One of each tablet every six hours until the symptoms disappear. Maximum of four Olbas Powerflu Tablets (white) to be taken in 24 hours. **Children over 12 years:** One of each tablet every 8 hours. Maximum of three Olbas Powerflu Tablets (white) in 24 hours. **NOT SUITABLE FOR CHILDREN UNDER 12 YEARS.** **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Hyperthyroidism and hypertension, cardiovascular and coronary disease. Chronic obstructive airways disease. **Precautions:** Do not exceed the stated dose. Epilepsy, prostatic hypertrophy and glaucoma. Administer with care to patients with severe renal or severe hepatic impairment. Keep out of the reach of children. Not to be taken with other paracetamol-containing products or with other cold, flu or decongestant products. If symptoms persist, or if patients are taking any other regular medical treatment, they should consult their doctor. Not to be used if pregnant or breastfeeding, or if allergic to any ingredient or taking anti-depressants or MAOIs. **Side effects:** Headache, dry mouth, blurred vision, gastro-intestinal disturbance, urinary retention and occasional rashes. **Warning:** Taking codeine regularly for a long time can lead to addiction. May cause drowsiness. Avoid alcoholic drink. **Legal category:** (P) Olbas Powerflu PL10174/0225; Vitamin C PL10174/0226. **Pack size and RSP:** 6 dose = £3.15 (£2.68 exc. VAT); 12 dose = £4.95 (£4.21 exc. VAT). Date: September 2007.

Introducing RESPeRATE

The first 'non-drug'
product clinically
proven to lower
blood pressure

Pharmacological interventions and lifestyle modifications may not achieve a person's ideal blood pressure. Adverse reactions to medication and poor compliance further frustrate both patients and healthcare professionals.

RESPeRATE, manufactured by InterCure, offers an additional non-drug option to further lower patients' blood pressure with no side effects.

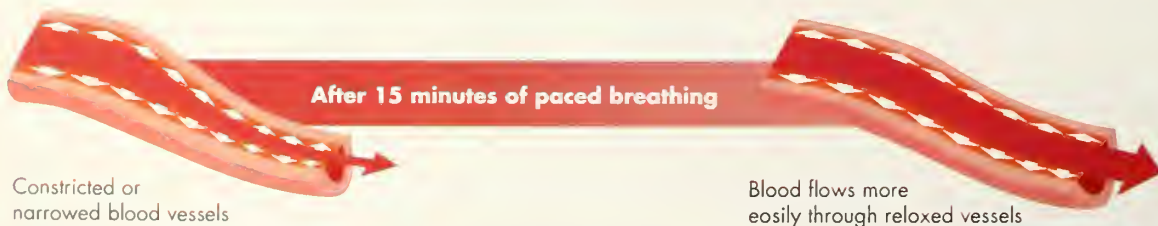
On first hearing about RESPeRATE you'd be forgiven for thinking it is 'too good to be true'. A non pharmaceutical product with FDA clearance for treating hypertension? However, when you read that using it results in an average sustained reduction in blood pressure of 14/8 mmHg and that RESPeRATE has a wealth of clinical trials published in peer-reviewed journals supporting this and other claims, it starts to sound very interesting.

Consisting of a computerised control unit, a breathing sensor and a set of headphones, RESPeRATE interactively guides the user to breathe at a rate of less than 10 breaths per minute with prolonged exhalation. Sympathetic neural activity is reduced, with a resultant relaxation of the muscles surrounding small blood vessels, allowing blood to flow more freely and blood pressure to be reduced.



RESPeRATE Highlights

- First and only clinically proven device to reduce high blood pressure
- FDA clearance and CE marked as a medical device for sale in the UK and Europe
- Not a drug and has no side effects
- 75,000 units already sold
- Pleasant and easy to use
- Clear for sale without a prescription
- Guaranteed to lower your blood pressure or your money back**



Monitoring and Managing

Blood pressure is a true indication of our health. That is why InterCure, manufacturer of RESPeRATE, has teamed up with Omron, the leading provider of home healthcare products. Omron's validated, easy to use and highly accurate blood pressure monitors and RESPeRATE, the first non-drug product clinically proven to lower blood pressure, make a perfect combination for monitoring and managing blood pressure at home.

"A marketing collaboration with InterCure complements our existing product offering in the hypertension marketplace within the United Kingdom," said Steve MacAleese, General Manager, Omron Healthcare (UK). "We understand the value of not only offering a modality to monitor the issue but also provide an alternative treatment option for hypertension patients."

OMRON

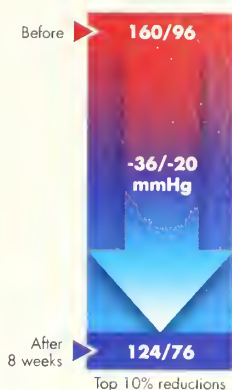
NOT A DRUG. NO SIDE EFFECTS.

RESPeRATE[®]

TO LOWER
BLOOD PRESSURE

What results can you expect?

As shown in seven published clinical trials, RESPeRATE lowers high blood pressure by up to 36 points systolic and 20 points diastolic (top 10% reductions), with average reductions of 14/8 points. Used for 15 minutes a day, 3-4 times a week, RESPeRATE demonstrates significant, all-day blood pressure reduction beyond the reduction from concurrent treatments such as medication, diet and exercise. RESPeRATE will not reduce blood pressure too much, it has a normalising effect. Provided it is used for the recommended time, blood pressure will remain lowered between sessions.



What is the Clinical Proof?

RESPeRATE's ability to generate a significant and sustained reduction in blood pressure has been validated in 10 separate clinical studies published in peer-reviewed medical journals. It is supported by the clinical community; its Scientific Advisory Board includes past Presidents of the American, European and International Societies of Hypertension, as well as other key cardiovascular opinion leaders.

Clinical Trials Highlights

- 10 clinical trials^{1,9} (over 400 patients); 5 randomised and controlled^{1,2,5,8}
- Significant & sustained 14/8 mmHg average reduction for high blood pressure; independent of gender and medication status¹⁰
- Greater reductions for older patients (18/8 mmHg for age > 65) and higher baseline¹⁰
- Effective for white-coat hypertension⁶, isolated systolic hypertension⁵, Diabetic-hypertensives⁸, White-coat hypertension¹⁰ and more
- Significant and consistent results measured at the clinic^{1,9}, at home^{2,5,9} and with a 24-hour ambulatory blood pressure monitor^{3,9}
- No observed side effects
- Greater blood pressure reduction with more time spent in slow breathing^{5,10}

For full information about the clinical studies visit www.resperate.co.uk/clinician

Support for Pharmacies

RESPeRATE is an ideal product for promotion within any Pharmacy Consultation Room. Whether supplying a blood pressure testing service or giving general advice on a customer's blood pressure medication, RESPeRATE can help reinforce the message that making the right lifestyle changes and using a device such as RESPeRATE can really help someone effectively manage their high blood pressure within a short space of time.

For the launch of RESPeRATE to pharmacies, we have produced a guide to RESPeRATE which can be used as an aid during customer consultations as well as an educational tool for all pharmacy staff.

To support the launch of RESPeRATE through independent pharmacies, we have in-store merchandise available including posters, counter top display units and leaflets, giving optimum awareness to your customers of this exciting and innovative product.

RESPeRATE in the Media

RESPeRATE was introduced to the UK in 2006. Media uptake was huge including editorial features in *The Times*, *Daily Mail*, *Mail on Sunday*, *Daily Express*, *Sunday Times* and a whole host of magazines. RESPeRATE was also featured on GMTV and ITV's *This Morning* programme with Dr Chris Steele.

Starting in October, RESPeRATE's highly successful national newspaper print advertising campaign will begin to carry 'Available from all good independent pharmacies' as a tag line. Store locations will be highlighted on www.resperate.co.uk and call centre staff will maintain an up to date list of pharmacy availability. Regional media support packages will also be available, please speak to your wholesaler for more details.

RESPeRATE will begin to advertise on television in the autumn of 2007. Infomercials will run on cable and satellite channels and national television advertising will begin on ITV.

What
Next?

RESPeRATE is available exclusively through MASHCO Ltd.

Mashco
Photo, Electrical & Perfumes

To order RESPeRATE please contact:

tel: 0208 204 2224 fax: 0208 204 0224

email: sales@mashco.com

web: www.mashco.com

PiP Code
331-4564

Clinical References:

- [1] Schein M et al, *J Human Hyperten* 2001; 15(4): 271-278 (Data pooled from first two studies)
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- [10] Elliott et al, *Medscape General Medicine*, 2006; 8(3).

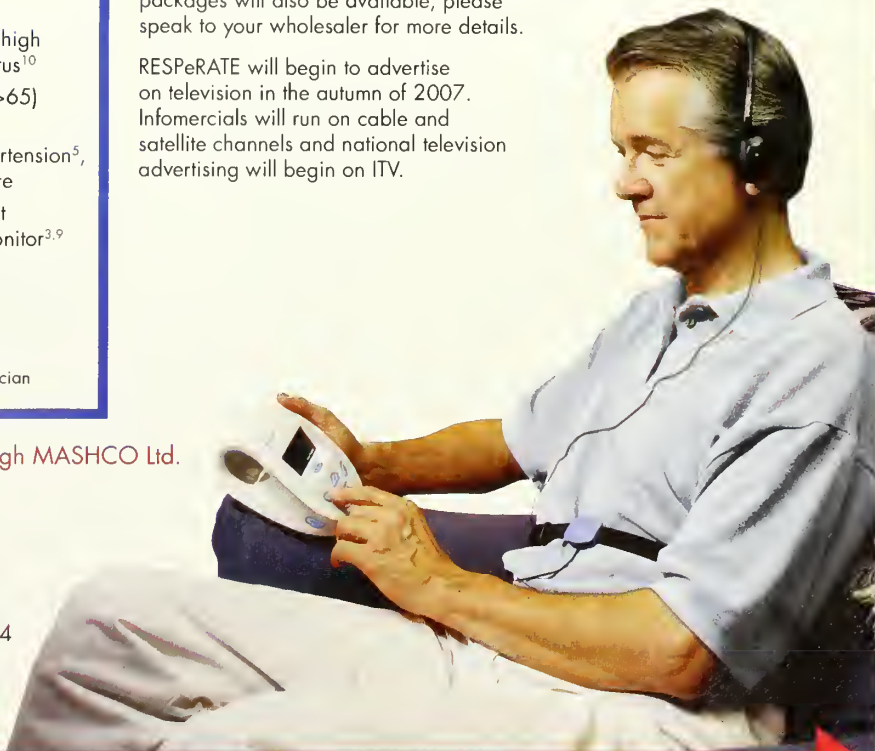
Please Note: RESPeRATE should be used as part of your overall health program for achieving goal blood pressure, as recommended by your doctor. RESPeRATE is a device for high blood pressure treatment, which can be safely used in conjunction with medication and lifestyle modifications such as diet and exercise.

** Money Back Guarantee

RESPeRATE is a risk free purchase for customers. We guarantee that if a customer uses RESPeRATE as recommended and does not see a reduction in their blood pressure within 30 days, it may be returned to the retailer for a full refund. The retailer can then return the unit to the supplying wholesaler for full reimbursement.

The retailer must return the product to the supplying wholesaler with the full original packaging and with proof of purchase. If the product has been tampered with or does not clearly show its original serial number, RESPeRATE has the right not to make a full refund.

For more information about the product and to read testimonials visit the RESPeRATE website www.resperate.co.uk



READ MY
LIPS, CYMEX
WILL BE
FAMOUS

We are spending £34 million to make Cymex an even more popular cold sore cream this winter. Customers everywhere will know about its triple action formula and how it helps them forget about their cold sores. Will you be ready?


adding value in pharmaceuticals

Forget about your cold sore.

www.cymex.co.uk

White cream containing: 0.5% w/w urea BP, 0.5% w/w Cetrimide BP, 9.0% w/w Dimeticone BPC and 1.0% w/w Benzyl alcohol BP. Indications: Cracked lips. Dosage: Apply sparingly every hour. Contraindications: Use only if you have not consulted a doctor. Interactions: None known. Pregnancy and lactation: No known effects. Not for oral use. Cymex is a registered trademark. MA number: 0083/0026. MA Holder: E.C. De Wit. Price per 20g sachet of 5. Price per 30g tube of 6. Date of preparation: 28 September 2007. 2007 OTC-0235.

Cymex

CREAM
FOR COLD SORES

Relieves painful
cold sores and
dry cracked lips

TRIPLE ACTION FORMULA

Cymex
CREAM
FOR COLD SORES

- SOOTHES TINGLING
- STOPS CRACKING LIPS
- CONTROLS INFECTION

C+D Clinical

Drug treatments of HIV

Managing toxicity and resistance to optimise treatment

Key points

- Anti-HIV therapy typically involves a regimen of three or more drugs, all with individual side effects and interactions.
- Community pharmacists are well placed to advise HIV-positive patients on the best way to avoid infections and manage minor ailments associated with therapy.
- Anti-HIV treatments continue to be developed and it is important for pharmacists to keep themselves updated on currently licensed drugs.

Lisa O'Rourke PhD

Human immunodeficiency virus (HIV) infection continues to be one of the most important infectious diseases in the UK. In 2006, there were at least 6,642 new diagnoses of HIV, contributing to a cumulative total of more than 86,000 reported by early 2007.

HIV is a retrovirus that progressively destroys the vital immune cells, CD4 lymphocytes. Initially HIV-positive people have no symptoms but, as the immune system becomes increasingly less effective, infected individuals develop acquired immune deficiency syndrome (Aids) and become prone to serious infections and tumours. The aim of antiretroviral therapy is to reduce the amount of replicating virus to as low a level as possible, thereby preventing damage of CD4 cells and the resulting immunodeficiency that allows so-called opportunistic infections to take hold.

Highly active antiretroviral therapy (HAART), involving potent combinations of three or more antiretroviral drugs, has proved effective in reducing the incidence of Aids and death since its introduction in the mid-1990s. Despite this, drug resistance, cross-resistance,

Reflect

What advice do you give to patients taking drugs for HIV infection? Do you know why patients take three or more antivirals? What are their side effects? Which part of the virus do fusion inhibitors target?

Plan

This article will bring you up to date with drugs currently licensed to treat HIV infection and what can be done to maximise their efficacy.

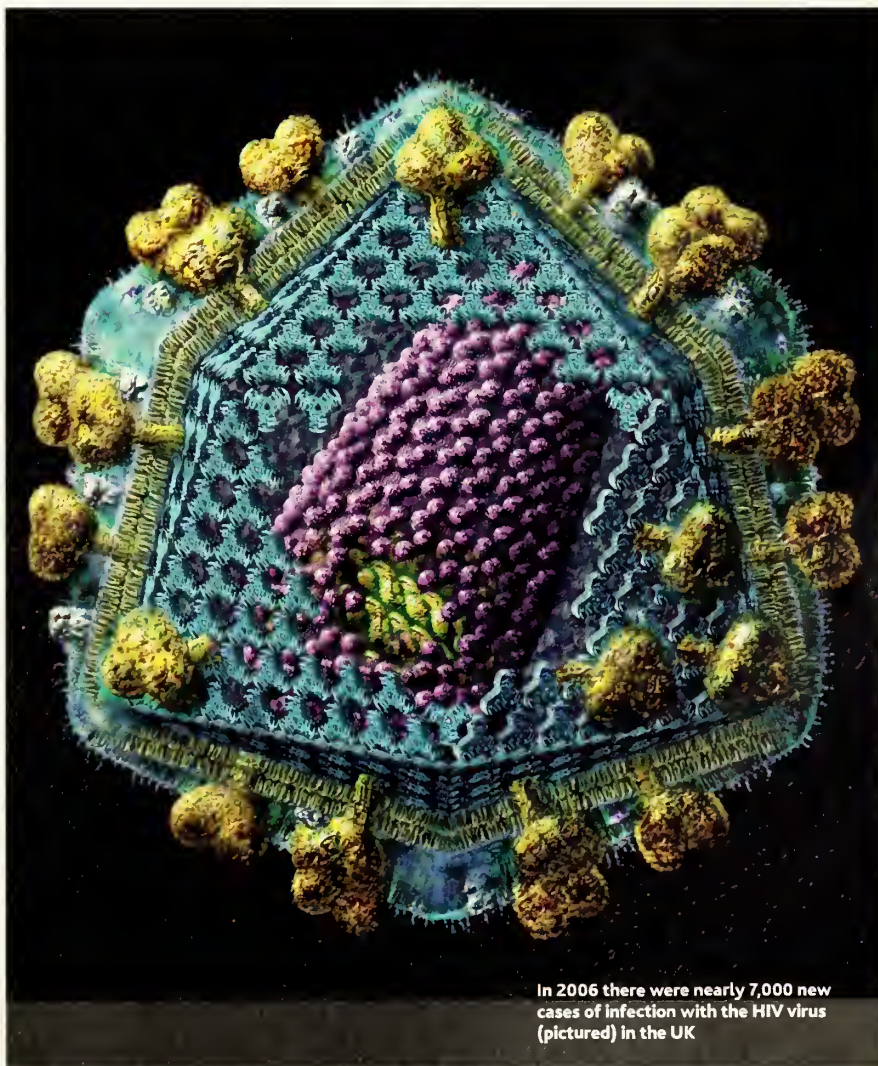


This article can help in the following CPD competencies: **G1a, G1e, C1c, C3a**. See www.tinyurl.com/194zu

The College of Pharmacy Practice



This course (module 1419), in association with multiple choice questions being published in C+D November 3, provides one hour's continuing education



In 2006 there were nearly 7,000 new cases of infection with the HIV virus (pictured) in the UK

Photo: Russell Kightley Media

...toxicity remain... management of... toxicity... surrounding the drugs... around 25 per... will eventually fail therapy.

...limitations drive the continuing development of new antiretroviral drugs. Research needs to focus on why these drugs cannot eradicate the virus completely. Finding the answer to this question will bring us much closer to the ultimate goal of a cure for Aids.

The complicated nature of HIV therapy means that an HIV-infected individual may have numerous reasons for consulting a community pharmacist. To help pharmacists give appropriate advice, this article provides an up to date overview of the currently licensed drugs, their prescription in practice, and the most commonly associated side effects and precautions.

Drug classes and mechanism of action

Antiretroviral drugs are broadly classified by the phase of the retrovirus lifecycle they inhibit (see Table 1). Inhibitors directed at reverse transcriptase and proteases were the first drugs to be introduced into clinical practice.

The emergence of viruses resistant to these drugs is driving the development of new antiretroviral agents with novel targets. An example of this is the drug enfuvirtide, an inhibitor targeting the viral envelope protein, which was recently approved for use in combination therapy for individuals not responding to current regimens.

Other classes of drugs in development include integrase inhibitors, which block integration of viral DNA into the host DNA, and inhibitors that prevent the entry of HIV into the CD4 cell. A description of the HIV lifecycle and sites of drug action is available at <http://tinyurl.com/28dunl>

The importance of combination therapy

Owing to the fact that the HIV lifecycle is rapid and lacks proofreading enzymes, mutations arise frequently. This genetic variability inevitably produces strains resistant to anti-HIV drugs. An individual antiretroviral drug, therefore, cannot suppress HIV infection for long. However, combinations of antiretrovirals can have a lasting effect by creating multiple obstacles to HIV replication, keeping virus turnover to a minimum. If a mutation arises that conveys resistance to one of the drugs, the other drugs continue to suppress reproduction of that mutation. Combinations usually comprise two

Table 1: Drug classes and their mode of action

Class	Viral Target	Mode of action
Nucleos(t)ide reverse transcriptase inhibitors (NRTIs)	Reverse transcriptase	Competition with cellular nucleosides causes chain termination and incomplete viral DNA synthesis
Non-nucleoside reverse transcriptase inhibitors (NNRTIs)	Reverse transcriptase	Direct binding to the enzyme produces conformational changes preventing viral RNA processing
Protease inhibitors (PIs)	Protease	Direct binding to the active site prevents synthesis of essential proteins
Fusion inhibitors	Envelope gp-41	Binding to the HR1 region of the gp41 envelope glycoprotein prevents fusion with CD4 cell membrane and viral entry

nucleos(t)ide reverse transcriptase inhibitors (NRTIs) and one non-nucleoside reverse transcriptase inhibitor (NNRTI) or protease inhibitor (PI).

Sometimes a mutant version of HIV is resistant to more than one drug. When this happens, the drugs are 'cross-resistant'. For example, most HIV that is resistant to the NNRTI nevirapine is also resistant to the NNRTI efavirenz. It is important to keep resistance to a minimum as cross-resistance can limit a patient's options when changing medication. Taking every dose of drug and adhering to the instructions will help.

Side effects

Side effects associated with antiretroviral therapy are common and are a major reason for non-adherence. The main side effects for NRTIs are peripheral neuropathy,

pancreatitis and lactic acidosis, which may cause weight loss, fatigue and nausea/vomiting. The main side effect of NNRTI is a skin rash. PIs may cause metabolic complications such as dyslipidaemia and diabetes mellitus. In addition to these class side effects, each drug has its own side effect profile (these are summarised in Table 2 online at www.chemistanddruggist.co.uk/update). Some useful tips for managing these are given in Table 3. In all cases patients should never be advised to discontinue their treatment without discussing it with their HIV physician.

Diarrhoea is a particularly common complaint for HIV-positive patients. It may be a side effect of treatment but could also be the result of an opportunistic infection.

HIV-positive patients should take steps to avoid infections, for example by taking care about food safety, such as avoiding soft-ripened cheeses and raw eggs, and

Table 3: Side effects and ways of managing them

Side effect	Advice
Nausea and vomiting	Take dose with or after food where possible Take antiemetic, eg domperidone, 20 minutes before drug
Diarrhoea	Take antidiarrhoeals, eg loperamide, then codeine if no response Nelfavir-induced diarrhoea responds to calcium supplements Drink plenty of water/rehydration drinks Eat foods high in soluble fibre, eg oatmeal
Rash	Take antihistamine to soothe skin Avoid scented soaps, hot showers/baths and sun exposure
Dizziness	Take dose at bedtime or on an empty stomach
Sleep disturbance	Take dose on an empty stomach and/or earlier in the day Take low dose haloperidol
Pain	Gabapentin, tricyclic antidepressants and opioids may all be helpful in relieving pain caused by peripheral neuropathy
Taste changes	Usually temporary and generally caused by infection A mouthwash and regular brushing of teeth may help

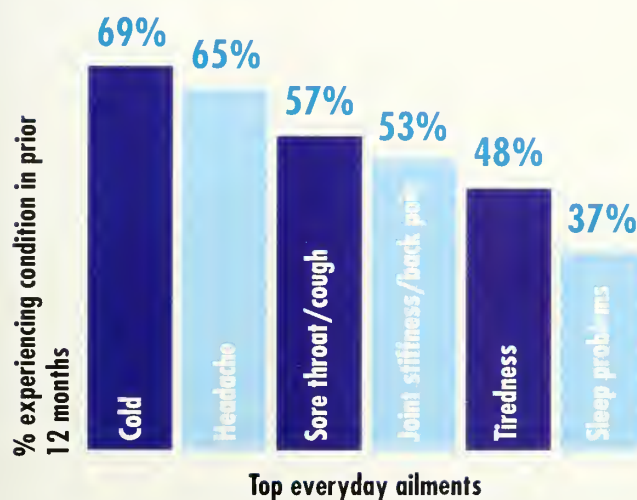
Category Clinic



people not symptoms

Vicks gives a new perspective to coughs and colds

Cold, headache and sore throat or cough are cited as the top three health complaints experienced in the past 12 months by both men and women in the UK⁽¹⁾, above joint stiffness, tiredness and sleep problems. The vast majority of people treat colds and sore throat themselves – 71% and 78% respectively – which means these minor ailment categories are right at the top of the sales league for over the counter medicines in pharmacies.



Sales of cold flu and decongestant products topped £121m in 2005, while cough medicine sales stood at £97m.⁽²⁾ In recent years both sectors have been showing above average growth compared to the rest of the OTC market.

However, the cough and cold category has been on hold since the start of this year, awaiting the outcome of the MHRA consultation on the usage of ephedrine and pseudoephedrine in over the counter medicines. Only at the beginning of September was the 'P to POM' threat lifted when the MHRA decided pharmacies could continue selling medicines containing the decongestants.

It's coming up to the time of year when pharmacies can resound to the sound of coughs and sneezes, so the decision has come just at the right time for major OTC brands like Vicks, who have major plans for the cough and cold category in the coming months.

Since the average adult is likely to suffer the most symptoms of a cough and a runny nose anything up to five times a year – and not just in winter – it is important that pharmacists and pharmacy staff understand the approach that Vicks is taking to the cough and cold category all year-round.



Consumers as people

Vicks, one of the world's most trusted cough and cold brands, has revamped its marketing communications, point-of-sale, products and packaging for the 2007-08 cough and cold season following research among its customers. This research, confirmed by a recent YouGov survey, highlights consumer confusion and frustration within the cough and cold category.

This major re-focus shows that Vicks is prepared to act on issues identified through years of research, and now highlighted by these latest statistics, to ensure greater consumer satisfaction in self-treating one of the most common recurring ailments in the UK.

The Vicks approach is to treat people as people, not as a bundle of symptoms, by understanding that a real consequence of suffering from a cold is that people can lose the ability to enjoy life to the full.

"The Vicks philosophy:

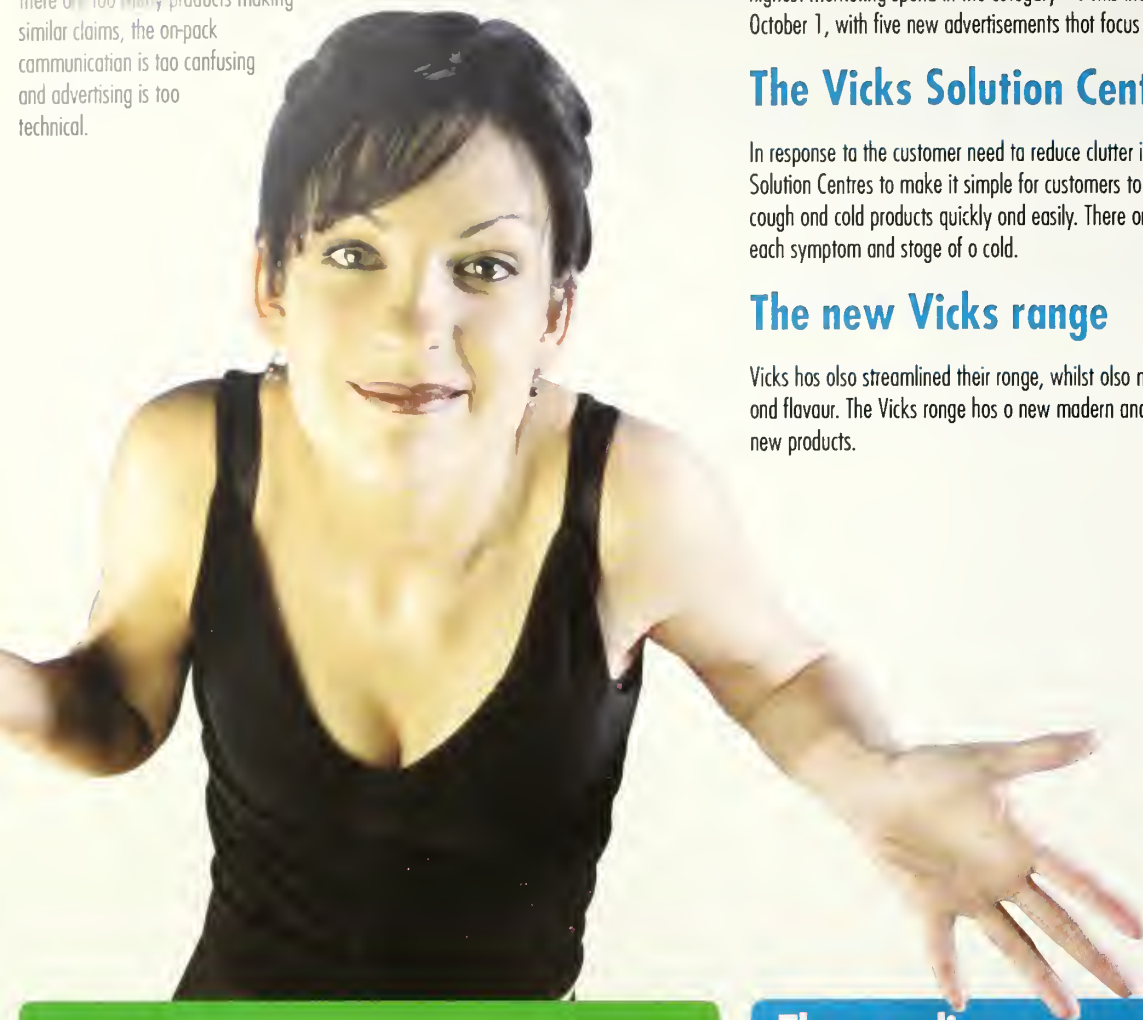
Treat people as people, not as a bundle of symptoms"

The new positioning makes Vicks the first and only brand to offer a one-stop shop for all your customers' cough and cold needs. Vicks' new approach will help make it simple for customers to choose cough and cold products and, in turn, help you maximise sales.

What the people say

As people leave a pharmacy or healthcare aisle without making a purchase, they often find the correct OTC product to treat their symptoms, according to YouGov research.

Many people agreed that what frustrates them most is that the shelves are too cluttered, there are too many products making similar claims, the on-pack communication is too confusing and advertising is too technical.



YouGov key stats ⁽³⁾

- 54%** believe the healthcare aisle should be structured more clearly
- 55%** believe there are too many products on the shelf for more or less the same thing
- 61%** believe it is manufacturer's responsibility to simplify packaging to make it easier to understand
- 25%** agree it can be difficult to find the right product in-store
- 62%** agree pharmacists should be more readily available to talk to
- 44%** believe manufacturers should make healthcare advertising less technical

The YouGov research showed that pharmacists and pharmacy assistants continue to be the most influential group when it comes to supporting the cough and cold category, with over half of people (52%) saying they will ask their help if they cannot find their preferred products, while only 10% would ask a GP.

But 55% said they would not need to see a pharmacist for an ointment they could treat themselves if it was easier to find the right product, while 63% agreed they would not waste as much time (yours, the pharmacist's, and theirs, the customers') in store if it was easier to find the right product.

The Vicks Solution

The new Vicks range of cough and cold products are presented in a format that is simple for customers to navigate and select the right products.

The new Vicks range represents a £12 million value sales opportunity for 2007/08 (£5 million incremental growth to the category), and its launch is being supported by the highest marketing spend in the category ⁽⁴⁾. This includes a new TV campaign, breaking on October 1, with five new advertisements that focus on people, not symptoms.

The Vicks Solution Centre

In response to the customer need to reduce clutter in the healthcare aisle, Vicks has created Solution Centres to make it simple for customers to navigate the shelves and self-select cough and cold products quickly and easily. There are four distinct, colour-coded groups for each symptom and stage of a cold.

The new Vicks range

Vicks has also streamlined their range, whilst also meeting customer preferences for format and flavour. The Vicks range has a new modern and consistent brand look and contains five new products.

The new line up

Vicks Cold Defence Solutions

Designed to help reduce the chances of your cold taking hold.

Vicks First Defence Nasal Spray

Significantly reduces the chances of developing a full-blown cold when used at the first signs of a cold. 77% who used it said they did not get a cold.⁵

Also available in Vicks Cold Defence Solutions, **Vicks First Defence Protective Hand Foam** and **Vicks First Defence Cold Defence Kit**.



For further information call

"The YouGov research shows that 79% of people buy a product because they have had previous experience with it. The second most popular reason for buying is trust in the brand (51%), closely followed by recommendation by a pharmacist (46%)."



Vicks Cold & Flu Solutions

Designed to help you breathe in and enjoy the world again.

Vicks Medinite Complete Syrup

This is the **ONLY** night-time syrup with published clinicals proving that it treats ALL your cold & flu symptoms

Also available in Vicks Cold & Flu Solutions, **Vicks Daymed Max Strength Hot Drink Blackcurrant, Vicks Daymed Max Strength Hot Drink Lemon, Vicks Daymed Capsules.**



Vicks Cough Solutions

Designed to help you enjoy a beautiful moment.

Vicks Cough Syrup with Honey for Dry Coughs (P)

Provides fast and long-lasting relief from dry coughs. Combines effective medicine with real honey.

Vicks Cough Lozenges with Honey

This breakthrough product provides on-the-go relief from coughs in a great tasting lozenge.

Also available in Vicks Cough Solutions, **Vicks Cough Syrup with Honey for Dry & Irritating Coughs (P)** and **Vicks Cough Syrup for Chesty Coughs**

NEW



NEW



Vicks Sinus & Breathing Solutions

Designed to help you breathe in and enjoy the world again.

Vicks Sinex Soother Nasal Spray with Aloe Vera

Provides effective but also soothing relief from a blocked nose.

Also available in Vicks Sinus & Breathing Solutions, **Vicks Sinex Decongestant Capsules, Vicks Sinex Decongestant Nasal Spray, Vicks Sinex Micromist, Vicks Vaporub and Vicks Inhaler.**

NEW



reephone 0800 169 3140



people not symptoms

Vicks Cold & Flu Care Daymed Capsules

Capsules containing Paracetamol 300mg, Caffeine 25mg, Phenylephrine Hydrochloride 5mg. For the relief of the symptoms of cold and flu, including headache, feverishness, nasal and sinus congestion and its associated pressure and pain, catarrh, aches and pains. **Adults and children over 12 years:** 2 capsules every 4-6 hours **Children 6-12 years:** 1 capsule every 4-6 hours. **Caution:** Adults and children over 12 years: Not more than 12 capsules in 24 hours. Children 6-12 years: Not more than 4 capsules in 24 hours. Not recommended for children under 6 years. Contains paracetamol. Patients should not take other paracetamol-containing products concurrently. Phenylephrine should be used with care in patients with hyperthyroidism, cardiovascular disease, diabetes mellitus, closed angle glaucoma, prostatic enlargement and hypertension. **PL Holder:** Wrafton Laboratories Limited, Wrafton, Braintree, North Devon, EX33 2DL. PL 12063/0003. Packs: 16 (£4.49).



Vicks Cold & Flu Care Daymed Max Strength Hot Drink Blackcurrant and Vicks Cold & Flu Care Daymed Max Strength Hot Drink Lemon

Sachet of Powder for Oral Solution containing Paracetamol 1000mg, Phenylephrine Hydrochloride 12.2mg. For the relief of the symptoms of cold and flu, including the relief of headaches, aches and pains, sore throat, nasal congestion and lowering of temperature. **Adults and children over 12 years:** Contents of one sachet dissolved in hot water every 4-6 hours. **Caution:** Not more than 4 sachets in 24 hours. Not recommended for children under 12 years. Contains Paracetamol. Patients should not take other paracetamol-containing products concurrently. Phenylephrine should be used with care in patients with hyperthyroidism, cardiovascular disease, diabetes mellitus, closed angle glaucoma, prostatic enlargement and hypertension. **PL Holder:** Wrafton Laboratories Limited, Wrafton, Braintree, North Devon, EX33 2DL. Vicks Cold and Flu Care Daymed Max Strength Hot Drink Blackcurrant PL 12063/0070. Vicks Cold and Flu Care Daymed Max Strength Hot Drink Lemon PL 12063/0034. Packs: 10 (£4.49).



Vicks Cold & Flu Care Medinite Complete Syrup

Legal classification: P Green liquid containing Dexamethorphan Hydrobromide 15mg, Pseudoephedrine Hydrochloride 60mg, Doxylamine Succinate 7.5mg and Paracetamol 600mg in each 30ml dose. Night-time cold medicine. **Adults and children over 12 years:** 30ml at bedtime 10-12 years: 15ml at bedtime. **Caution:** May cause drowsiness. If under the care of your doctor, receiving any prescribed medicines, or pregnant, consult your doctor before use. Contains alcohol. Patients should not take other paracetamol-containing products concurrently. Use with caution in severe renal or hepatic impairment and in those with non-cirrhotic alcoholic liver disease, where hazards of overdose are greater. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0029R. Packs: 180ml (£5.99).



Vicks Cough Syrup with Honey for Dry and Irritating Coughs

Thick yellow liquid containing Levomenthol 13.5mg in each 10ml dose. For relief of dry and irritating cough. **Adults and children over 12 years:** 10ml every 3-4 hours **Children 6-11 years:** 5ml every 3-4 hours. **Caution:** Not more than four doses in 24 hours. Not Recommended for children under 6 years. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0110. Packs: 120ml (£3.49).



Vicks Cough Syrup with Honey for Dry Coughs

Legal classification: P. Thick yellow liquid containing Dexamethorphan Hydrobromide 20mg in each 15ml dose. For relief of dry cough. **Adults and children over 12 years:** 15ml every 6 hours **Children 6-11 years:** 5ml every 6 hours **2-5 years:** 2.5ml every 6 hours. Not more than four doses in 24 hours. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0079. Packs: 180ml (£5.35).



Vicks Cough Syrup for Chesty Coughs

Thick cherry-red liquid containing Guaifenesin 200mg in each 15ml dose. Relief of chesty cough. **Adults and children 12 years or over:** 15ml every 4 hours **6-11 years:** 10ml every 4 hours **5 years:** 5ml every 4 hours. Not more than six doses per day. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0078. Packs: 180ml (£5.35).



Vicks Cough Lozenges with Honey

Legal classification: P. Yellow lozenge containing Dexamethorphan 7.33mg per lozenge. Cough Suppressant for the relief of dry, irritant cough associated with common cold and influenza. **Adults and Children over 12 years:** 2 lozenges dissolved in the mouth consecutively. Repeat every 6 hours as needed. **Caution:** Not more than 8 lozenges per day. Not suitable for children under 12 years. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0129. Packs: 12 (£5.35).



Vicks Sinex Soother

A clear liquid nasal spray solution containing Oxymetazoline Hydrochloride 0.5mg/ml. For local symptomatic relief of nasal congestion, for instance associated with rhinitis and sinusitis. **Adults and children over 10 years:** 1-2 sprays up each nostril maximum 2-3 times daily. **Children aged 6-10 years:** 1 spray up each nostril maximum 2-3 times daily. **Caution:** The preparation should not be used for more than 7 days in a row. Not recommended for children under 6 years. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0148. Packs: 15ml (£3.99).



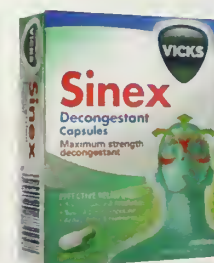
Vicks Sinex Decongestant Nasal Spray

Non-pressurised nasal spray containing Oxymetazoline 0.05% w/v, in aqueous solution. Symptomatic relief of congestion of upper respiratory tract due to the common cold or sinusitis. **Adults and children over 6 years:** One to two sprays into each nostril every 6-8 hours unless doctor advises otherwise. **Caution:** Do not use for periods of more than 7 consecutive days. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/5011R. Packs: 20ml (£2.99).



Vicks Sinex Decongestant Capsules

Green & White capsules containing Paracetamol 500mg and Phenylephrine Hydrochloride 12.18mg. For relief of symptoms of colds and influenza, including aches and pains, headache, nasal congestion sinus pain and feverishness. **Adults and children over 12 years of age:** 1 capsule to be taken every 4 hours. Maximum of 4 capsules in any 24 hours. **Caution:** Not recommended for children under 12 years. Contains Paracetamol. Patients should not take other paracetamol-containing products concurrently. Immediate medical advice should be sought in the event of an overdose, even if you feel well. Phenylephrine should be used with care in patients with hyperthyroidism, cardiovascular disease, diabetes mellitus, closed angle glaucoma, prostatic enlargement and hypertension. **PL Holder:** Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 1602B/0031, **PL Holder:** Galpharm Healthcare Ltd, South Yorkshire, S75 3SP. Packs: 16 (£3.99).



taking extra care with pet litter trays or when changing nappies.

The best way to avoid waterborne infection is by boiling or by fitting a filter with a mesh size of less than one micron to the fresh water supply.

Drug interactions

The complex nature of HIV therapy means that drug interactions play a major role in the success of any treatment plan. Most patients take a variety of medicines ranging from antiretrovirals to complementary and OTC medicines, so an assessment of potential drug interactions is vital.

PIs and NNRTIs are extensively

metabolised by cytochrome P450 isoenzymes. They may affect the metabolism of other drugs that share this metabolic pathway and may themselves be affected by those other drugs.

Of particular note, some PIs (including nelfinavir, lopinavir and ritonavir) reduce the effectiveness of the contraceptive pill and women must be advised to use additional methods of contraception. A useful site for checking drug interactions can be found at www.aidsmeds.com/cmm. A comprehensive list of drug interactions as printable charts are also available at www.hiv-druginteractions.org.

Most patients will have the telephone number of their HIV clinic if advice needs to be sought.

Guidelines for treatment

The 2005 British HIV association full guidelines and 2006 update are available at www.bhiva.org. Key aspects of these recommendations include:

- start treatment when CD4 count is between 200 and 350 cells/ml depending on symptoms, patient preference and potential toxicity
- start with two NRTIs plus either a PI or NNRTI. PIs are generally boosted with low dose ritonavir to reduce the number of pills
- switch therapy if viral load (number of RNA viral particles) is more than 400 copies/ml on two occasions at least one month apart
- assess patients to determine factors which may have reduced plasma drug levels to below optimal levels such as drug interactions, poor adherence, incorrect dosing etc.
- second line drug choice is guided by:
 - treatment history
 - resistance testing
 - co-existing conditions, eg hepatitis B/C, pregnancy
 - tolerability and adherence issues (patients with previous adherence problems may benefit from a simpler regimen).

Further reading

Deeks, SG. Antiretroviral treatment of HIV infected adults. *BMJ* 2006; 332:1489-93.
Carr, A, Cooper, DA. Adverse effects of antiretroviral therapy. *Lancet* 2000; 356(9239):1423-30.

For a free weekly email alert on C+D's Pharmacy Update series, please register at:
www.chemistanddruggist.co.uk/register



Continuing Professional Development



Act

- What exactly is a retrovirus? Find out more about their replication and how they interfere with normal cell reproduction. An essential read is Deeks, SG (listed in further reading). Other sites worth looking at include <http://tinyurl.com/2jwk6z>, the British HIV Association site www.bhiva.org, and the two sites mentioned in the drug interactions section of this article.
- Are there other combination drug therapies that rely on different sites to achieve maximum benefit? Note one example in your practice workbook. How does it work?
- Do you dispense any prescriptions for HIV patients? If so, list their drugs. Can you fit their treatment into the protocols in the article? Do they ask you about side effects? Can you help or are you more likely to refer them to their prescribing doctor?
- What happens when their GP prescribes drugs to treat other conditions? Do you check drug interactions?
- Compare and contrast bacterial and viral drug resistance. Why are different approaches required to combat them? In 2005, C+D Pharmacy Update ran a basic series on bacteria that may be useful revision – March 19, April 23, June 11 (antibiotics), October 8 and October 15 (resistance).
- What is the relationship between HIV and Aids?

Evaluate

- Do you now know more about HIV? Could you now discuss the starting regimen of drugs with your local GPs (realising that it is unlikely they would initiate treatment)?
- What would be your response if a new patient presented a prescription for an HIV regimen? Would you be able to give advice on when to take what? What would the expected side effects be? How would you emphasise the importance of adherence?
- How do you regard patients with HIV? How about your staff (assuming they know)? Do you feel comfortable providing a service to these patients?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 3 issue, which will cover this week's CPP-accredited module, together with those in the October 6 and October 27 issues.

These will cover:

- Contact lens care (1418)
- Drugs used in HIV (1419)
- Lung cancer early signs (1420)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
in association with
Genus Pharmaceuticals



GENUS PHARMACEUTICALS



A feeling of dread overcomes Hannah, the senior medicines sales assistant at Update Pharmacy, as she sees Mrs Lott approaching.

"Good morning Mrs Lott," Hannah says, "I expect you'll be wanting to see Mr Spencer. I'll get him for you straight away. Would you like to take a seat in the private consultation area?"

"It's not Mrs Lott again, is it? She's nothing but trouble," says Brenda, the dispensing technician, as Hannah goes

through the dispensary to fetch pharmacist David Spencer from his office.

"Afraid so," Hannah replies. "That's why Mr Spencer tells us always to refer her straight to him."

David goes out to the consultation area. "Hello Mrs Lott," he says. "How can I help you today?"

"You short-changed me on my paracetamol tablets on my prescription."

"How do you mean short-changed?"

"You didn't give me enough. You've short-changed me and pocketed the difference."

"Just give me a minute to check on your medication record," says David, going back to the dispensary. When he returns, he says: "You were prescribed 112 tablets, and I'm sure that's what you got. We double check all prescriptions before we give them out."

"I'm sure there were more than 112 prescribed. Show me the prescription."

"I'm afraid I can't, Mrs Lott, it was sent to the NHS for payment at the beginning of the month."

"I'm sure you're cheating me and I don't trust you. I want you to give me a printout of all the information you have about me and my medicines, so I can do a proper check. You've got to do it, it's my right under law. My son's been checking on the internet."

Questions

1. What are David's obligations "under the law" regarding Mrs Lott's demand?
2. Are there any conditions that David can impose on the release of the information?

Answers

1. Under the Data Protection Act, Mrs Lott as a 'data subject' has the right of access to the information held about her in the pharmacy, so David will have to provide her with a copy of her records.
2. David can require that Mrs Lott makes a formal application in writing for the information. He can also charge up to £10 for providing information held on the pharmacy computer and is allowed up to 40 days from the date of the request to provide it. For the sake of goodwill, David could decide to waive all these conditions – if he considers it is worth retaining Mrs Lott's goodwill.

This article can help in the following CPD competencies:



G2K, G5F, G7C. See www.tinyurl.com/194zu

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UK fails to help heavy smokers, says RCP

» Development and marketing of nicotine replacement products actively discouraged

Asha Fowells

The UK is failing to help heavy smokers who find it difficult to kick the habit, the Royal College of Physicians has claimed in a report.

Many heavy smokers would benefit from products that satisfy their nicotine addiction, yet save them from the other toxic chemicals in cigarettes, says the RCP report, Harm Reduction in Nicotine Addiction. But it adds that the UK actively discourages the development, marketing and promotion of such products – other than nicotine replacement therapy – to smokers, a disparity when compared to how little regulation surrounds cigarettes.

The RCP lays out plans for a new regulatory framework that favours harm reduction, including:

- providing more cigarette substitutes



- developing innovative nicotine replacement therapies
- changing regulation to encourage NRT production and marketing
- introducing a nicotine regulator to reverse the advantage cigarettes hold in the market.

Professor John Britton, chairman of the RCP Tobacco Advisory Group, commented: "The best thing a smoker can do for his or her health is to quit all smoking and nicotine use completely. However, there are millions of smokers who can't quit, or else who are unlikely to quit, and those people need nicotine products that can satisfy their addiction without killing them."

For more information see:

www.rcplondon.ac.uk/pubs/brochure.aspx?e=234



Questions over eczema bath products

The use of bath emollients for atopic eczema has been dubbed "questionable" by the Drug and Therapeutics Bulletin (DTB).

The BMJ-affiliated publication calls for a proper evaluation of the products, highlighting the amount of NHS money spent on them despite a lack of trial data. This contrasts markedly with the long clinical experience and published evidence supporting the use of topical emollients applied directly to the skin, says the DTB.

For more information see:

www.dtb.bmj.com/cgi/content/abstract/45/10/73

Pharmacists helping pharmacists

Services for members, supported by the RPSGB Benevolent Fund

Listening Friends Scheme

Worried about aspects of your life? your levels of stress or anxiety? Need to talk to a fellow pharmacist trained in listening skills? Then call 020 7572 2442, leave a first name and telephone number and a Listening Friend will call you, usually the same evening or within 24 hours.

Pharmacists Health Support Programme

concerned about your relationship with alcohol or drugs? Or worried about a colleague? Call 01327 264531 and speak or leave a message for confidential information and support.

For other enquiries
Email: Benevolent.Fund@rpsgb.org
Tel: 01323 890135

Campaign ups pressure on Nice over alendronate

Campaigners are ramping up the pressure on Nice to include a second-line treatment in its guidance on treating osteoporosis.

The current guidance leaves the provision of alternative second-line drugs to the discretion of PCTs.

The National Osteoporosis Society is concerned that prescribers will be under pressure not to treat patients

who cannot tolerate alendronate.

The campaign is being mounted ahead of the publication of new Nice osteoporosis guidelines.

For more information see:

www.nos.org.uk

For the latest developments in women's health turn to page 44

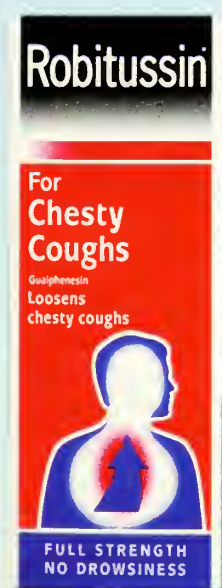
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Solpadeine: seeks trained professional for relationship leading to mutual benefit. Greengrocers, newsagents and petrol stations need not apply.

Solpadeine®
Dedicated to pharmacy

Robitussin*

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Chesty Coughs
(Guaiphenesin)



Chesty Coughs with Congestion
(Guaiphenesin and Pseudoephedrine Hydrochloride)



Dry Coughs
(Dextromethorphan Hydrobromide)

(Remember to sell one pack only per customer)

✓ Full strength

✓ Non-drowsy

✓ Sugar-free

✓ Suitable for the whole family

Feel confident to recommend **Robitussin***

Product information:

ROBITUSSIN* CHESTY COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5 ml contains Guaiphenesin Ph Eur 100 mg. Indications: Expectorant for the treatment of coughs. Dosage: Adults, the elderly and children over 12 years: 10 ml four times daily. Children: 6-12 years: 5 ml four times daily. 1-6 years: 2.5 ml four times daily. Under 1 year: Not recommended. Contraindications: Hypersensitivity to any of the ingredients. Interactions: None stated. Special warnings and precautions: None stated. Side effects: None stated. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Evidence of safety of guaiphenesin products in pregnancy and lactation is at present incomplete. However, wide usage for many years has shown no apparent ill consequences. Pharmaceutical precautions: No special precautions. Shelf life: 3 years. Legal category: GSL. Package quantities and prices RRP: Amber plastic bottles of 100 ml £3.59. Marketing authorisation no: PL 00165/0097. Marketing authorisation holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: July 2005.

ROBITUSSIN* CHESTY COUGH WITH CONGESTION MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5 ml contains Guaiphenesin Ph Eur 100 mg, Pseudoephedrine Hydrochloride BP 30 mg. Indications: Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. Dosage: Adults, the elderly and children over 12 years: 10 ml up to 4 times daily. Children: 6-12 years: 5 ml up to four times daily. 2-6 years: 2.5 ml up to four times daily. Under 2 years: Not recommended. Contraindications: Hypersensitivity to any of the ingredients. Patients with ischaemic heart disease, thyrotoxicosis, glaucoma, diabetes, enlargement of the prostate or urinary retention. Patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Patients receiving tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Interactions: An increased risk of cardiac arrhythmias may occur if sympathomimetics (such as pseudoephedrine hydrochloride) are given to patients receiving cardiac glycosides. Sympathomimetics may also increase blood pressure and therefore special care is advisable in patients receiving antihypertensive therapy. Special warnings and precautions: Not to be taken by patients receiving either cardiac glycosides or antihypertensive agents, except on advice from a doctor. Side effects: May act as a cerebral stimulant in children and occasionally adults. Effects on ability to drive and use machines: None stated. Incompatibilities: None stated. Use during pregnancy and lactation: Should not be used during pregnancy unless directed by a physician. Pharmaceutical precautions: No special precautions. Shelf life: 3 years. Legal category: P. Package quantities and prices RRP: Amber plastic bottles of 100 ml £3.59. Marketing authorisation no: PL 00165/0098. Marketing authorisation holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: July 2005.

ROBITUSSIN* DRY COUGH MEDICINE. Presentation: Cherry flavour liquid for oral administration. Each 5 ml contains Dextromethorphan Hydrobromide Ph Eur 7.5 mg. Indications: For the relief of persistent dry irritant coughs. Dosage: Adults, the elderly and children over 12 years: 10 ml three or four times daily. Children: 6-12 years: 5 ml three or four times daily. Children under 6 years: Not recommended. Contraindications: Hypersensitivity to any of the ingredients. Interactions: Use with caution in patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Side effects: Rarely causes dizziness and GI upset. Effects on ability to drive and use machines: No adverse effects on the patient's ability to drive and use machines. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Pharmaceutical precautions: No special precautions. Shelf life: 3 years. Legal category: P. Package quantities and prices RRP: Amber plastic bottles of 100 ml £3.59. Marketing authorisation no: PL 00165/0100. Marketing authorisation holder: Whitehall Laboratories Limited trading as Wyeth Consumer Healthcare, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: July 2005.

*Trade Mark

Product innovation

McNeil has redesigned its bottle and its packaging, saving 15% on its packaging, and 15% on its 28 million advertising budget. Across the adults' range, 150ml bottles are replacing the 125ml size. Packaging has been made bolder and is designed to help consumers make a buying decision, says McNeil. A 'heavyweight' media programme is being reinforced by PR and online activity.

McNeil Products Ltd
Tel: 01628 822222

Natural for tresses

Organic Care is a new haircare range from Nature's Organics. Made using organic ingredients and petrochemical-free, the biodegradable products are mild and suitable for all the family, and contain no ingredients tested on or derived from animals. Seven variants are available.

Petty, Wood Co Ltd
Tel: 01264 345500
Price: £1.99/400ml
Pip codes: see C+D monthly Pricelist

Hydration is natural for men

Moisture Cream for Men is a new addition from Weleda.

Made from natural ingredients and free from artificial fragrance and preservatives, the product helps improve skin hydration, elasticity and smoothness.

Suitable for sensitive skin, it

decreases cell renewal time and helps prevent premature signs of ageing, says Weleda.

The cream contains organic sesame oil from Brazil and jojoba from Argentina. Witch hazel provides cooling, antiseptic properties while marshmallow soothes irritation and minor cuts from shaving. It is fragranced with a mix of essential oils.



READER OFFER

The first 30 retail pharmacies calling the number below and quoting 'C+D reader offer' can claim a free pack of Moisture Cream for Men.

Prices and Pip codes:

£6.95/30ml; 331-1206

Product info:

Weleda
Tel: 0845 200 2836

Barefoot facelift

The Barefoot Botanicals skincare range has been updated with new packaging and products.

The SOS range, developed to help sufferers of dry skin conditions such as eczema and psoriasis, is suitable for all the family. Newcomers to the line-up include a hydrating shave cream, post-shave face balm, barrier hand cream and soothing face wash.

The anti-ageing Rosa fina range, built around the therapeutic rosa mosqueta oil from a wild Chilean rose, includes products ranging from an instant youth serum through to a facial spritz.

Packs feature photos of plants used in the products. All are presented around the principles of purity, efficacy and sensuality.

Prices:

£9.99 to £34.95

Product info:

Barefoot Botanicals
Tel: 0800 652 7900

AAH, Phoenix and UniChem to distribute sanofi-aventis medicines from 1 November 2007

Sanofi-aventis would like to remind our customers that we are making a change to the way in which we distribute our medicines. To allow us to simplify the management and maintenance of stock in the supply chain, we will reduce the number of wholesalers used from 1 November 2007.

The selected wholesalers – AAH, Phoenix and UniChem – will ensure 100% national coverage across the United Kingdom (incl. NI), whilst still providing a choice of supply. There is no change to their wholesaler status and they will continue to control both discounts and delivery frequency.

Pharmacists, hospitals, and dispensing doctors are important customers for sanofi-aventis and the vital link ensuring that we can get medicines to patients who need them. Under this new arrangement we can maintain the service levels you experience today whilst improving the supply chain efficiency and integrity in the delivery of our medicines for patients.

Please ensure that your ordering arrangements for sanofi-aventis medicines are in place prior to 1 November 2007.

C+D's one minute interview with ...

Susie Hewson,
the woman
behind the
Natracare
brand



Who buys Natracare?

Two key groups: environmentally aware consumers who question where products come from, their use and disposal; and health conscious women who have experienced allergic reactions and irritation to conventional sanpro brands. Synthetic materials can cause allergic feminine irritation, which is commonly misdiagnosed as thrush. Fibre loss from synthetic tampons has been associated with TSS; there is minimal fibre loss from our pure organic cotton tampons as the material is more intertwined and stable.

Why stock Natracare?

We offer great POR and a point of difference. Natracare is not widely stocked by supermarkets. You can develop sales on the back of the brand and link sell with thrush products. We are doing lots of PR, which is driving consumers to look for Natracare.

How can pharmacies sell more?

Encourage MCAs to look out for recurrent thrush problems and explain that apparent symptoms can be a result of irritation caused by sanpro products.

Are there brand innovations/ NPD in the pipeline? Or a dream innovation?

A light inco pad is our latest launch. My dream innovation is a diaper, which has been in development for four or five years. I want to go one better than current green disposables by producing the best for babies and the environment and I'm not willing to compromise.

Who would be your fantasy spokesperson?

Darryl Hannah. She's well known, popular and very active in taking measures to protect the environment.

NEC, we have PlastOff!

PlastOff, an alcohol-free, spray-on, adhesive plaster and dressing remover will be launched at this weekend's Pharmacy Show at the NEC in Birmingham.

The silicone-based spray forms a layer between the adhesive and the skin, causing a total loss of adhesion, says manufacturer Flexible Medical Packaging.

PlastOff dries within seconds, leaving no residue or odour and allowing a new plaster or dressing to be applied almost immediately.

The spray is effective for fabric and waterproof plasters, adhesive tapes and dressings and hormone or nicotine patches, allowing



them to be removed without tugging or stinging, says the company. A 30ml spray delivers up to 200 sprays.

There are plans for an "extensive consumer campaign" early next year. Visitors to the Pharmacy Show can claim a product sample from the company at stand F10 and take advantage of a £25 + VAT offer price for 12 packs.

Prices and Pip codes:

£4.99/30ml; 331-1883

Product info:

Flexible Medical Packaging Ltd
Tel: 01524 68737
sales@flexible-medical.com

New vaporiser for Olbas fans

A new vaporiser from Olbas will be on display at the Pharmacy Show. The battery-operated, fan-activated device releases oil vapours into the room to help keep breathing easy.

The Olbas vaporiser is suitable

from three months of age. Oils released include cajuput, eucalyptus, dementholised mint and juniper berry oil. They are held in wads that can be replaced when required. The unit is sold with batteries and three refills included.

Prices:

£5.99; refills £3.49/5

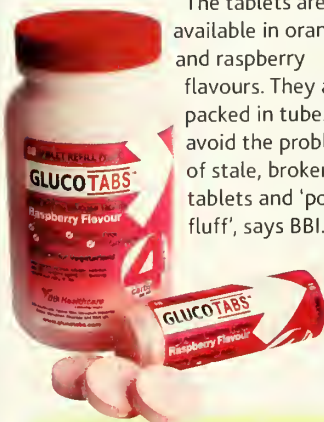
Product info:

LanesHealth
Tel: 01452 507458
www.laneshealth.com

Dextrose launch

New GlucoTabs dextrose tablets are on display at the Pharmacy Show this week. The 4g glucose tablets are being supported by consumer marketing targeting diabetics via press ads, educational leaflets and PR activity. A £30,000 sampling campaign is running via diabetes nurses.

The tablets are available in orange and raspberry flavours. They are packed in tubes to avoid the problem of stale, broken tablets and 'pocket fluff', says BBI.



Prices:

79p/10; £2.95/50

Product info:

BBI Healthcare
Tel: 01792 229333

www.helpingyouquit.co.uk



Nicopatch® and Nicopass® are nicotine replacement therapy products. Further information is available on request from Wockhardt UK Limited, Ash Road North, Wrexham Industrial Estate, Wrexham LL13 9UF, UK. Prescribers are recommended to consult the Summary of Product Characteristics before prescribing, particularly in relation to side-effects, precautions and contra-indications. Legal category: GSL.

Nrt10/07/b August 2007

Eyes on Murine

Pharmacia is being forced to stock up with Murine daily use eye drops ahead of the increased demand triggered by promotional activity.

Manufacturer Prestige Brands says Murine is being featured throughout this month and next on the Pharmacy



Channel. Point of sale materials are available from Ceuta.

The Murine range comprises a variant for contact lens wearers, a brightening and whitening product, and one for dry, tired eyes.

the campaign. 'Smile like a crocodile' packs are being sent to nurseries with activities to help teach about oralcare. Nurseries can win a visit from the costume character Smiley the crocodile. Oral B Laboratories Tel: 01932 896000

Product info:

Ceuta Healthcare
Tel: 01202 780558

Products in brief

Smile like a crocodile

Children's toothbrush brand Oral-B Stages is targeting the under fives with its 'Stop the rot' campaign. Dentist Graham Wilding has given his backing to

A nappy revelation

Generations Ahead, the UK distributor of Mother-ease fitted cloth nappies, will be unveiling new additions at the Pharmacy Show.

The Mother-ease range now includes Bamboo One-size (£9.25), Bamboo Sandy's (£8.25) and Toddlease (£10.75). Manufactured using green electricity, the Mother-ease cloth nappy collection has won a Which? best buy award.

Also on show will be a new collection of premium environmentally friendly nappies. The Wiona brand, retailing from

£10.95, is a white bio disposable, manufactured without using harmful chemicals or bleaches. Its waterproof cover is full of tiny pores allowing air to circulate freely around the nappy without compromising containment. Packaging is made from renewable and recycled materials. Visit Stand B40 for a full demonstration.

Product info:

Generations Ahead
Tel: 08701 624464

Lemon aid fights flu

The launch of Lemsip Max All In One (AIO) Lemon is being backed by a £9.4 million media budget.

Manufacturer Reckitt Benckiser says the product is the only OTC maximum strength cold and flu remedy, available in a hot drink format, to treat all major cold and flu symptoms.

Lemsip Max AIO Lemon contains paracetamol 1,000mg (analgesic

and antipyretic), phenylephrine 12.2mg (decongestant) and guaifenesin 200mg (expectorant).

Prices and Pip codes:

£4.99/10, 329-0756; £3.49/5, 329-1887; £2.99/4

Product info:

Reckitt Benckiser
www.lemsip.com

CRISIS



Chlorhexidine digluconate

Where Corsodyl stops.....



GlaxoSmithKline
Consumer Healthcare

Product Information: Corsodyl Mint Mouthwash

Presentation: A colourless solution containing 0.2% w/v chlorhexidine digluconate. **Indications:** Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment, aphthous

ulceration, oral candida. **Dosage & Administration:** Rinse with 10ml for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. **Contraindications:** Chlorhexidine hypersensitivity. **Precautions:** Keep out of eyes, separate use from conventional dentifrices (e.g. rinse mouth

No order's too small

The Harrogate Sulphur Soap Company is exhibiting at this weekend's Pharmacy Show. The company has overhauled its trading terms to make products more widely available. As managing director Philip Walker explained: "We felt that pharmacists were put off by having to stock large quantities and therefore not making our products available to the general public – now if they want just one bar for their customers we will send it with no postage or packing cost."

The skincare range comprises products suitable for people with



psoriasis, eczema, acne and other skin conditions. All are free from steroids and coal tar. Prices start at £2.95 for a 100g soap bar rising to £10.95 for a 50ml facial moisturiser.

Product info:
Harrogate Sulphur Soap
Tel: 01423 875750
info@harrogate-sulphur-soap.com

Poligrip's life-changing TV turn

Poligrip Ultra denture adhesive begins a national £616,000 TV

campaign this week. Running until November 2, the ads feature real denture wearers explaining the difference Poligrip Ultra has made to their lives.

Two new 30-second ads will be

aired on terrestrial and satellite and end with the line 'Speak, eat and smile with confidence'.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Time for Dr Wolff

Linderna is exhibiting new products from Dr Wolff at this weekend's Pharmacy Show. For customers worried by hair loss, Alpecin and Plantur 39 are hair treatments designed for ongoing use to preserve and improve the quality of existing hair. Both are available as a shampoo and liquid and a shampoo and tonic system.

Alpecin contains a caffeine complex and Plantur 39 also contains phyto-oestrogens. Both are established brands in the German haircare market.

Also launching at the show are Linola shampoo for cleansing the hair and caring for a dry, itchy scalp and Linola lotion for dry skin. These join Linola Gamma, a prescribable evening primrose oil for dry skin.

Prices and Pip codes:
See C+D monthly Pricelist
Product info:
Linderna
Tel: 01981 250124



MANAGEMENT

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(between applications) **Pregnancy & Lactation:** No special precautions. **Side effects:** Superficial discolouration of tongue, teeth and tooth-coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; oral desquamation; parotid swelling; irritative skin reactions, extremely rare, generalised allergic reactions. **Legal category:**

GSL. **Product Licence Number and Basic NHS Cost:** PL 00079/0312 300ml £1.93 600ml £3.85. **Licence Holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Date of preparation:** May 2006. **CORSODYL** is a registered trade mark of the GlaxoSmithKline group of companies.



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Dry Skin

the use of

It is well known that dry skin is itchy skin, and many patients will be tempted to reach for products like steroid creams that deal with the itch, rather than attempt to treat the underlying cause.

If, however, sufferers can be persuaded to manage the dryness using emollients, then the itching is frequently resolved and the need to use steroids may be reduced. Furthermore, if regular use of emollients is maintained then the structure of the skin is supported and the protective function of the skin against infection continues to be effective.



Eucerin
DRY SKIN

What is dry skin?

Your skin is undergoing constant renewal. The outer layer of skin - the epidermis - is made up of four distinct layers where this process takes place. The basal layer (stratum basale) is where cells divide and are pushed upwards towards the skin surface.

Above that in the prickle cell layer (stratum spinosum) the cells are tightly packed and held together by interlocking cytoplasmic processes (prickles or spines on the cell walls).

Next up, in the granular layer (stratum granulosum), keratin is laid down and cell destruction starts to take place, with the dead cells migrating towards the top, outer layer of the skin (keratin is a protein that helps keep the skin hydrated by preventing water evaporation). The cells in the granular layers also produce lipids, which help hold the cells together.

The outer horny layer (stratum corneum) is strong and flexible and consists of flattened, dead keratinised cells (corneocytes) still held together by lipids. It is this that is the real skin barrier, which holds water in the epidermis and acts as barrier to infection.

The corneocytes contain a substance called natural moisturising factor (NMF), which attracts and retains water within the cells. NMF is a complex mixture of free amino acids, amino acid derivatives and salts.

The hydrated corneocytes swell and press tightly against each other, preventing moisture loss to the air. The combined effects of the extracellular lipids and NMF result in a high water content for normal skin.

The outer layers of the skin need to contain

15-20 per cent water to maintain their integrity and flexibility. It is the lipid content of the skin that is crucial, and if this is disrupted then transepidermal water loss (TEWL) can increase substantially compared to that of healthy skin.¹

When the stratum corneum loses water (for example, due to exposure to wind or hot sun) the cells shrink. A significantly decreased cellular volume can reduce the skin's elasticity, creating the cracks and fissures seen in those with dry skin.

Swelling (oedema) in the deeper skin layer (the dermis) caused, for example, by bruising or inflammation, can lead to additional stretch on the overlying epidermis. The resulting fissures can rupture dermal capillaries, causing clinical bleeding seen in severe cases of eczema, for example.

The disruption of skin integrity can result in inflammation with risk of infection. Absorption of allergens and irritants through the skin layers is increased as the epidermis is damaged, increasing susceptibility to allergic contact dermatitis and irritant contact dermatitis.

Skin Hydration

Normally the stratum corneum is hydrated from the deeper, underlying layer of skin (the dermis). The skin receives very little hydration from the surrounding air, unless the humidity is very high: only a small amount of water is lost from the surface of the skin if the individual is not sweating.

When the water content of the stratum corneum falls below 10 per cent the skin begins to feel rough and dry, the barrier function is disrupted and the loss of lipids means that the corneocytes are shed more rapidly than usual so that white scaling (flaky skin) becomes visible.

Causes of dry skin

There are many factors that can cause dry skin:

- Inherited factors
- Increasing age, resulting in decreased natural lubrication
- Poor nutrition (or poor absorption of nutrients) resulting in low levels of essential fatty acids (linoleic or linolenic acids) and other nutrients (eg zinc)
- Metabolic factors such as thyroid disorders or rapid weight loss
- Cool weather, windy or low humidity conditions
- Air conditioning or sitting too close to heat sources
- Contact with soap, detergents, solvents or other irritants
- Excessive washing or bathing, especially in heavily chlorinated water or water that is too hot or too cold
- Frictional irritation or chapping

Emollients

Emollients (moisturisers) work by replacing the lipids that have been lost and putting a protective (occlusive) layer over the surface of the skin. This reduces the amount of water lost from the skin (TEWL). It is obvious that the higher the lipid content of the emollient the more effective it will be at helping to prevent water loss.

Generally emollients can be divided into three major types.

- Ointments are completely lipid-based and are generally feel greasy when applied to the skin. They are not always cosmetically acceptable as they can come off on clothing, and when used on the hands can make grasping objects difficult. They are, however, very effective at trapping water in the skin, and as these preparations contain no water they need no antimicrobial additives to act as preservatives.

emollients

Eucerin®

DRY SKIN

● Creams are emulsions usually comprising oil droplets held in a water base (though they can also be water droplets in an oil base, which increases the lipid content of the product and improves their emollient properties).

Because of the often high water content there is a need to include an antimicrobial to prevent bacterial or mould growth, which in its turn can, in some cases, cause sensitivity reactions. The main advantage of creams is their cosmetic acceptability - they are easier to apply and less messy. There is, therefore, an increased likelihood that the patient will use them, although they will have to be applied more frequently. It achieves nothing to supply the perfect emollient

if the patient does not use it.

● Lotions are water-based products, which can be oil-in-water or water-in-oil. They are easier to apply over large areas of skin, but with lower lipid content they are not always appropriate as emollients for more severe cases of dry skin. Such preparations again require preservatives.

The lipid content of emollients can be based on mineral oils (eg liquid or soft paraffin), animal-derived oils (eg lanolin or beeswax), or vegetable oils (eg soy, coconut or evening primrose oils).

Some emollients also contain humectants. These are substances that attract water into the corneocytes - much like NMF. When they are

included in moisturisers humectants work by drawing water up into the top layers of skin from the deeper layers. Examples of humectant substances are urea, lactic acid, glycerine and polyethylene glycol.

A good moisturiser contains a combination of two types of ingredient - an occlusive substance (lipid) and a humectant. This type of product will be the ideal moisturiser as it restores the natural condition of the epidermis by replacing lost lipids, and then attracts and holds water in the skin. With regular application the result will be that the skin resumes its normal structure; flaking, cracking and itching is reduced, and a healthy appearance returns.



Advantages of urea as a humectant

- It is a naturally occurring compound. It is a normal constituent of NMF and so is normally found in the skin
- It is a white, odourless and tasteless substance
- It protects the skin against drying and can improve the skin barrier
- It is said to have irritation soothing effects
- The urea used in emollients is a synthetic substance; it does not come from animals. Nevertheless, it is chemically identical to the urea found in the skin
- People with dry skin have less urea in their skin than those people with normal skin
- A cream containing 10 per cent urea can double the water holding capacity of the skin.²
- Creams that contain urea often contain lactic acid as well. This is to keep the urea in a slightly acidic environment - otherwise it breaks down to give off ammonia, which has a distinctive odour and can cause irritation. This means that this combination produces a cream with the same pH value as the skin and consequently will preserve its natural acid mantle
- Some emollients containing urea can be sold over the counter without prescription and urea preparations can be sold for use on children from 3 years old
- Urea preparations can be used by children from 1 year old if advised by their GP/pharmacist.

Disadvantages of urea

Urea preparations can sting if applied to already inflamed skin and should not be applied to broken skin. Applying preparations to moist skin can reduce stinging.

Advice for dry skin sufferers

- Avoid as many of the causes of dry skin as possible
- Avoid soap and detergents
- Moisturise the skin as often as possible. Emollients work best when applied frequently and reasonably thickly
- Moisturise while the skin is moist to improve hydration and reduce stinging
- Find a product that works for you and you like using

Eucerin Intensive 10% w/w Urea Treatment Lotion (£12.50, 250ml) and Eucerin Intensive 10% w/w Urea Treatment Cream (£9.50, 50ml; £15, 150ml) - available on prescription as well as self-selection for acute dry skin sufferers - are effective 'water in oil' emulsions that form a protective layer on the skin preventing further moisture loss. They are suitable for children from 3 years and from 1 year old if advised by a GP or pharmacist. They are indicated for the treatment of atopic eczema (or dermatitis), ichthyosis (an inherited condition in which the skin is dry, rough and scaly because of a defect in cornification), and xeroderma (a mild form of ichthyosis in which the skin develops a slight dryness and forms scales) and hyperkeratosis (thickening of the outer layer of the skin)



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■ Atopic Eczema ■ Ichthyosis ■ Hyperkeratosis ■ Xeroderma

TRADE MARK - 1999

Reference: 1. Cutaneous Investigation in Health and Disease. Ch7: Measurement of TEWL. Jean-Luc Leveque. Informa Healthcare. 1989

Sept 2007

Information relating to the GSL Licensed Eucerin Intensive 10% w/w Urea Treatment Cream (PL 14160/0003; PA 1159/1/1) and Eucerin Intensive 10% w/w Urea Treatment Lotion (PL 14160/0004; PA 1159/1/2) Eucerin is a registered trademark. Marketing authorisation holder Beiersdorf UK Ltd, Birmingham B37 7YS, UK. **Active ingredients:** Urea EP 10% w/w **Directions:** Apply twice daily to the affected areas of the skin. **Indications:** For the treatment of Ichthyosis, Xeroderma, Hyperkeratosis and Atopic Eczema/Dermatitis and other dry skin conditions. **Precautions:** Do not use if sensitive to any of the ingredients in cream or lotion. Do not use on broken, inflamed skin. Do not apply to large areas of skin on patients with renal insufficiency. This cream or lotion could increase the penetration of some substances, such as medicines known as corticosteroids, dithranol or fluorouracil. Avoid contact with the eyes or other sensitive areas. Keep out of reach of children. For external use only. **Legal category:** GSL PL 14160/0003; PA 1159/1/1 (Cream) GSL PL 14160/0004; PA 1159/1/2 (Lotion) **Pack size and cost:** 250ml lotion (£7.69), 50ml cream (£5.85), 150 ml cream (£9.23) To report any adverse reaction or to comment, please contact BDF Consumer Relations on 0121 329 8800. Revised May 2006.

There's never a dull moment for mobile pharmacist James Powell as he plies his trade in all weathers for the sake of festival-goers. **Zoe Smeaton** goes behind the scenes

It is five o'clock on a Friday evening, and although autumn is creeping nearer, the last music festival of the season is in full swing. Campsites are being constructed, the music is just beginning to drift across from the main stage, and the food stalls are warming up, serving everything from bacon rolls and fish and chips to Thai curries and fresh pancakes with maple syrup. Festival-goers are still racing down the hill into the green valley that serves as home to the Isle of Wight's Bestival. And it's all set against the backdrop of a sun just beginning to set.

Pharmacist James Powell is on site and ready for action. But he won't be savouring the food and dancing his night away. Instead he'll be stationed in what resembles a caravan with one side cut out, selling pharmacy goods to revellers.

Mr Powell owns mobile pharmacy company Medicine Man Event Pharmacy, which visits many of the music festivals over the summer as well as events such as the Badminton horse trials.

He has been here all afternoon setting up the pharmacy and tells me he is delighted with his location, which is just outside the main festival enclosure, right on the route between the campsites and the music tents, meaning everyone has to walk past it to get from one place to the other.

The pros and cons

So what exactly is it like working as a pharmacist in such a setting? Perhaps the customers are the most noticeable difference between this and a more conventional pharmacy. Mr Powell says it is the people who make his job so entertaining. He particularly enjoys watching those in fancy-dress stroll past. Tonight there have been pirates, gorillas, cowboys, men in drag, and many unrecognisable ensembles. Mr Powell says: "At festivals those who wear the weirdest outfits get people going up to talk to them, but if you saw them in the high street you would think they were a lunatic and ignore them."



He also has passers-by thanking him for being there – surely an unusual experience for a high street pharmacy. And Mr Powell says: "Everyone who comes here says what a brilliant idea it is." But he adds that although most pharmacists are very positive about what he does, others have been less kind. "I suspect they're just jealous though," he says.

The pharmacy has a steady stream of customers throughout the night. Most ask for painkillers, antacids or footcare products, and Mr Powell says if the sun is out then suncream will sell quickly the next day. This is clearly a pharmacy that relies on volume, not variety. Although there is a good range of products

The facts

- James Powell started The Medicine Man Event Pharmacy in 1999.
- He received a UniChem Great Business Award in 2000 for his work.
- The company can only work at events with more than 25,000 people – any fewer and it is not profitable.
- Mr Powell has regular locums and pharmacy assistants whom he employs each year.
- Although the business is very successful, he supplements his income working as a locum.



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the people



stocked on the shelves, the majority of sales are made on these few staple items. Wet wipes are another popular buy, and many festival goers want to snap up earplugs and sunglasses.

Once the darkness settles it feels surreal staring out at the festival-goers, but you do start to join in with the excitement of the event, particularly as the music plays louder. Mr Powell is enjoying the view, until suddenly a moth dives into his face. Brushing it aside, he explains that insects are a problem. And Hayley Rees, the pharmacy assistant, says at some festivals it gets "absolutely horrendous" especially when it is wet. "Then

we get the swampy insects too," she says.

But they do have tactics to cope, such as switching off the lights every hour or so for a few minutes, and lots of insect repellent.

Getting bored

So does Mr Powell miss working in a more conventional pharmacy with a regular community to serve? He says not, as he often found himself bored with being in the same shop every day, and he enjoys dealing with some of the more quirky clientele he gets here. And there is even a small community of people who work at all the festivals over the season.

Mr Powell still gets to play a more traditional

What are the risks?

Before you launch into setting up your own mobile pharmacy, there are some risks you will need to consider.

Mr Powell says every event is a financial risk, as once licence and site fees have been paid it's possible to lose several thousand pounds in one weekend.

And some festival-goers are not as friendly as those in the Isle of Wight. Mr Powell recalls one event at the Leeds Festival: "The police came and said we had half an hour to get out as there was going to be a riot, and I was next to the toilets which always go up in flames. I've never packed up so fast in my life."

Finally, getting the right staff can be a problem, as the excitement of working at a festival can get too much for some. Mr Powell says there is a danger that people turn up to work, go and watch their favourite band, and disappear for the rest of the weekend. He says: "I've had a few that I think are taking the mickey, who have gone off on two-hour breaks, but now I just employ pharmacists who I use regularly."

role and promotes effective healthcare to his patients too. When people come to the pharmacy asking for plasters to put on blisters, Mr Powell instead encourages them to buy blister plasters. "One of the things we're trying to teach people is that plasters are not good treatments for blisters, nobody in the medical profession uses them anymore, they use hydrocolloidal dressings instead."

If he doesn't have a product someone wants, he will also take their name and number and call them when he has been able to visit a local pharmacy outside the festival and stock up. But he warns that you do have to accept that many of your patients will be taking recreational drugs, and consider the interactions they might have with other drugs.

He adds that although he can have a lot of fun while working, he takes his role as a pharmacist very seriously. "One of the things we have to be very careful of is that it has become part of festival culture to take Imodium so that you don't have to use the toilets."

As the night draws to a close at 2am, it has been another successful day for the pharmacy and Mr Powell heads to bed. He will start again at 8am, but until then it's time to sleep in the car. And he's looking forward to the bacon rolls promised to him by another stall worker.

Q. What's kind to your customers' hair but tough on itchy flaky scalps?

A.

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Treat yourself

With two women's drugs potentially being switched from POM to P and launched next month, and others still being considered by the MHRA, women's health is becoming an important issue for pharmacists.

Zoe Smeaton
finds out more

She doesn't waste time queuing for a doctor's appointment; she is aware of how her body works and what could go wrong; she has the confidence to manage her own healthcare strategies and self-medicate; and she feels empowered. This is the new female patient emerging from the modernised NHS.

And this year there has been a push to assist those women even further. Dr June Raine, director of vigilance and risk management of medicines at the MHRA, says she hopes two drugs, naproxen and Cyklo-f, which help women with period problems, could be made available without a prescription and launched as early as next month. And others are already being discussed by the expert advisory group for women's health (see panel opposite).

When the MHRA launched the consultation on one of these drugs in February it said that it was part of a wider initiative that included hosting a seminar on widening the availability of medicines for women's health. Industry, members of the public and journalists were invited to pick through some of the issues surrounding access and choice of medicines for women.

So why is there such a focus on women, and granting them access to medicines?

Dr Raine says the provision of certain services, such as chlamydia tests and treatment, is a matter of urgency for public health. But as well as this, she says: "Women are proactive in taking care of their own health, their family's health, and they tend to have more medicated lives. So clearly as [they are] often the focus in the family for medication, we felt that concentrating on women's own needs would be a very logical thing to do."

And this makes sense, as women are more familiar with medicines and pharmacies and so will probably be more receptive to the new moves. In fact, 41 per cent of women use pharmacies, compared with 24 per cent of men, says Dr Raine.

Dr Mary Armitage, who chairs the women's health expert advisory group, agrees, and adds that focusing specifically on health issues that affect women only is important. She says: "The hormonal state influences so much of their general health and that's why it's important for us to focus on it."

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Favourable changes

Assuming the drugs do become more widely available, is that really going to help patients?

Peter Bowen-Simpkins, medical advisor to the charity Women's Health Concern, and an obstetrician and gynaecologist, says the moves to switch naproxen and Cyklo-f would be very positive. He says tranexamic acid, the active ingredient in Cyklo-f, in particular is currently prescribed very widely for women with heavy periods. "I'm very much in favour of it being made over the counter, it's a darn site safer than paracetamol, and it would be cheaper than paying prescription charges for it."

And he says the move could have a big impact on women's health. "These issues are extremely important. Women on balance take more sick leave than men and it is often because of period problems. If they have things that can really relieve those problems it could have a major impact on them."

But others express more caution, suggesting that as painkillers such as ibuprofen are enough for many women, the impact of any switches may have little effect. And Ray Hall, a community pharmacist in Hull who runs a chlamydia testing service, says that although the move was good news, the expense of the drugs could put some patients off. He says: "People don't want to buy it if they can get it free on prescription, even if it means sitting in the GP's."

New possibilities

But however limited, there are likely to be at least some patients who could benefit from the move, and also some opportunities for pharmacists. Dr Christine Heading, past president of the National Association of Women Pharmacists, says making new drugs available would give pharmacists fresh opportunities to discuss with patients, and could make women's health a good area to focus on for some. "This should be an opportunity for pharmacists to use their skills in terms of counselling, and it gives them the opportunity to give more services." However, she warns that the scale of these possibilities could be limited by the market size.

Dr Raine says: "As we look to areas such as infection, menstrual issues, perhaps even looking to the future, osteoporosis, we're looking at long-term care, and I think the evolving role of the pharmacist as someone involved in long-term healthcare really fits very well with these conditions."

And the move could have other indirect benefits for the industry too. Sheila Kelly, executive director of PAGB, the trade association for manufacturers of OTC medicines, says: "Switches revitalise the market, and get everyone thinking. If there's something new coming in, everyone thinks, 'What do I need to do to keep my drug fresh?'" She adds this competition could drive innovation in the area



Vagisil airs on TV

Two adverts for Vagisil products are being aired on national television. One focuses on Vagisil Medicated Crème, an anaesthetic cream for relief from all kinds of external itching, burning and irritation. The second features Vagisil Feminine Wash, an intimate soap-free cleanser, which is pH balanced to gently cleanse, refresh and deodorise delicate skin without irritation.

In 2007, Combe International increased its spending on advertising the Vagisil range to £1.25 million. The range includes Vagisil Medicated Feminine Wipes, with calendula and chamomile plus an antibacterial to help protect delicate skin; Vagisil Feminine Powder, which absorbs odour and moisture and is 100 per cent talc-free; and Vagisil Deodorising Mist, designed for women on the move.

POM to P pipeline

Which drugs might be switched from POM to P, and what do they do?

The drug: Cyklo-f

Treats: heavy menstrual bleeding.

Active ingredient: tranexamic acid.

What stage is it at? The MHRA says patient information leaflets are being developed and it hopes it may be launched this autumn.

Any issues? The safety profile of tranexamic acid is well established, and adverse reactions have been uncommon. But women with irregular menstrual bleeding should not self-medicate as the drug could mask conditions such as endometrial cancer.

The drug: Naproxen

Treats: period pain (primary dysmenorrhoea).

Active ingredient: naproxen is an NSAID.

What stage is it at? The MHRA says patient information leaflets are being developed and it hopes it may be launched this autumn.

Any issues? As with other NSAIDs, there may be risks of gastrointestinal ulcers with bleeding and perforation, or of arterial thrombotic events.

The drug: Clamelle

Treats: known or suspected asymptomatic chlamydia trachomatis genital infection.

Active ingredient: azithromycin.

What stage is it at? Public consultation ended August 2007. The MHRA hopes a decision will be reached by the end of this year.

Any issues? Antibiotic resistance is an issue, and will need to be addressed. Furthermore, the details of how to provide tests along with the potential treatment programmes will need to be worked out.

The drug: Cysticlear

Treats: uncomplicated acute bacterial cystitis.

Active ingredient: trimethoprim.

What stage is it at? Public consultation ended in 2005. The MHRA says it is currently considering some of the issues surrounding making this drug available.

Any issues? Antibiotic resistance is an issue which the MHRA says it has engaged on widely and will need to address.

and so lead to new drug formulations.

So what happens next? Assuming all goes to plan and two new drugs do become available this autumn, Dr Raine says it will be vital for pharmacists to engage. "The switch of medicines can't be successful without the involvement of the pharmacy profession and their real support and buy-in."

Training materials would be made available to assist pharmacies in providing the drugs, so gaining an awareness of them, their benefits, and any potential complications will be vital to ensure their safe and effective delivery.

But it doesn't end there. Shane Byrne, sales and marketing director of Galpharm, which applied to the MHRA for the switch of naproxen, says: "We are always working with the MHRA and our partners to identify new opportunities to switch suitable products from POM to P; I cannot divulge these at this moment."

And Dr Raine says she is looking forward to teasing out the issues associated with the potential switch of azithromycin by the end of the year, adding: "I really think that the door is open for a number of further moves."

For further information see:

www.womens-health-concern.org

www.mhra.gov.uk

Q. What's kind to your customers' hair but extra tough on itchy flaky scalps?

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Female reproductive physiology and biology

OBJECTIVES

- To understand the timings within the female reproductive cycle
- To understand the process of conception
- To be aware of causes of infertility
- To be able to better advise on the use of fertility, ovulation and pregnancy tests

An understanding of the female reproductive cycle and the process of conception, linked to potential causes of infertility, is a pre-requisite to being able to provide effective advice on the increasingly accurate and sophisticated range of fertility and pregnancy tests available over the counter

The female reproductive system is more complex than that of the male. It produces ova (egg cells), and nourishes, carries and protects a developing embryo. Ovulation – the release of an ovum by the ovary – is the most important event of the fertile cycle. This typically occurs around 14 days before a woman starts her next period. Despite the belief that this happens 'mid cycle' this is only true if a woman has a 28-day cycle; indeed this is average but anywhere between 21 to 42 days can be considered normal.

All women have three distinct phases within their cycles: follicular, ovulation and luteal. The start of the follicular phase coincides with the first day of bleeding in the menstrual cycle. The level of oestrogen is low, stimulating the pituitary gland to produce follicle stimulating hormone (FSH), which prompts the development of follicles in the ovary.

The maturation of the dominant follicle leading up to ovulation causes an increase in oestrogen, which thickens the endometrium (the lining of the uterus). The length of the follicular phase can vary greatly as it is dependent on the development of egg bearing follicles in the ovaries. Typically it can last anywhere between 13 and 18 days, causing the variation in the length of the cycle between women.

The end of the follicular phase is marked by ovulation. As FSH and oestrogen levels peak, the rising oestrogen causes a rapid rise in luteinising hormone (LH), which triggers ovulation. The egg is released from the ovary into the fallopian tube where it is ready for fertilisation. It then passes into the uterus. The egg is viable for up to 24 hours.

The luteal phase is the part of the cycle that remains constant, typically between 12-16 days. If an egg is not fertilised, levels of oestrogen and progesterone fall and the uterine lining breaks down and is shed – menstruation.

Fertilisation and conception

Of the many millions of sperm that are ejaculated, only one sperm penetrates and fertilises the egg (usually 12 to 24 hours after it is released). Eggs and sperm each have 23 chromosomes, which pair up to make 46 chromosomes. At this point fertilisation or conception has occurred (the term conception is also used to describe implantation of the fertilised egg in the uterine lining).

For women trying to conceive, timing of intercourse is critical to success. Physiologically, the best times to have intercourse are the day before and the day of ovulation, as an egg only lives for up to 24 hours. However, sperm will live for up to seven days (typically 3-5 days), so intercourse does not have to coincide exactly with ovulation. Consequently the days prior to these two peak days are also considered to be days of increased fertility. Ovulation testing can be very helpful in enabling women to find out

when this time is. These tests detect the surge in the level of LH in urine, just before ovulation. There is also a fertility monitor available, which can detect changes in oestrogen and LH indicating a wider window for conception – typically up to six fertile days each cycle.

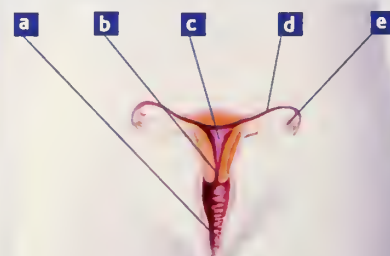
The cells of the fertilised egg (zygote) divide as it travels along the fallopian tube until it forms a sphere of cells (the morula). The further cell changes create the 'blastocyst' – an inner group of cells that becomes the foetus – surrounded by a layer of cells that form structures such as the placenta, and the membranes around the foetus.

On reaching the uterus, about six days after fertilisation, the blastocyst implants in the endometrium. To ensure that progesterone production (essential for pregnancy) is maintained, the embryo and, later, the placenta, secrete human chorionic gonadotrophin (HCG). This is the hormone that is detected by pregnancy test kits.

New research from the Office for National Statistics suggests that the total fertility rate in

The female reproductive organs are comprised of a vagina, cervix, uterus, fallopian tubes and ovaries.

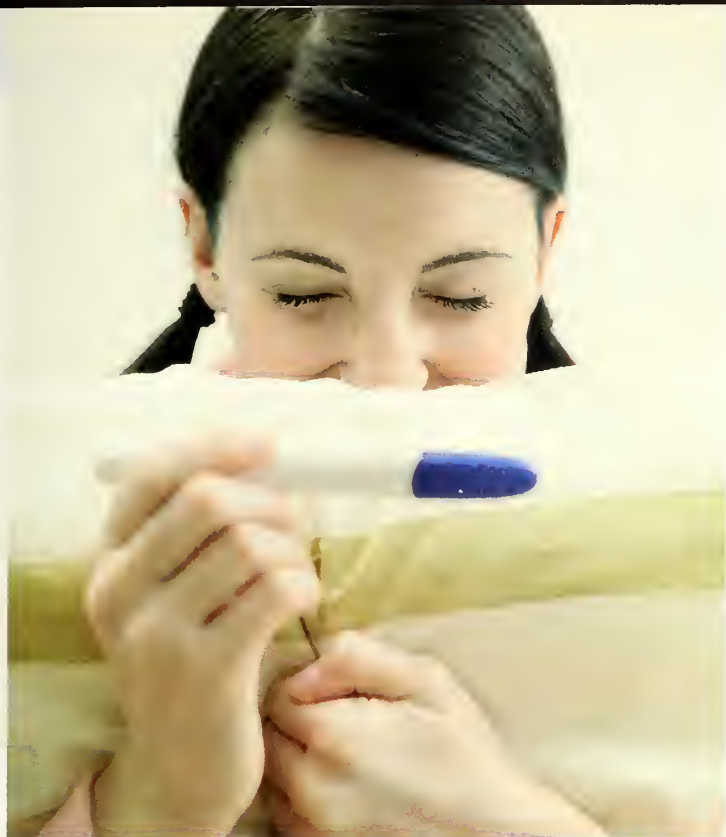
- The **vagina** is the tubular tract leading from the uterus to the exterior of the body.
- The **cervix** is the lower, narrow portion of the uterus where it joins with the top end of the vagina.
- The **uterus** – or **womb** – is a muscular organ made up of three layers: the peritoneum (outer), myometrium (middle) and endometrium (inner lining). One end, the cervix, opens into the vagina, while the other is connected on both sides to the fallopian tubes.
- The **fallopian tubes** – or **oviducts** – are two very fine tubes leading from the ovaries into the uterus and they have small hairs (cilia) to help the egg cell travel.
- The **ovaries** are where ova or eggs are produced. Women usually have two ovaries, one on each side of the uterus.



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the UK is now the highest it has been for 26 years. There is now an average of 1.87 children per woman in England and Wales, the highest since 1980¹. There have also been increases in fertility for all age groups; the highest percentage increase being observed for women in their late thirties.

Infertility

At the same time, figures reveal that more than a third of all couples in Britain who try to conceive experience fertility problems. Causes include age, obesity, and possibly smoking. A woman's fertility peaks in her mid-20s and declines sharply after the age of 35 – yet an increasing number of women are now waiting until their late thirties before trying to conceive. Age is important because the older a woman is, the more the quality of her eggs is likely to have declined, reducing the chance of pregnancy even if fertilisation occurs.

A recent report in *The Lancet*² has highlighted the fact that the obesity epidemic will leave more couples struggling to conceive. The study focuses on polycystic ovary syndrome (PCOS), which affects one in 15 women worldwide.

In PCOS the ovaries are bigger than average, and have an abnormally large number of small follicles, which do not develop fully to produce an egg capable of being fertilised. Thus the woman rarely ovulates. Other features of the condition include missed periods, excess hair, acne and insulin resistance (making women more prone to diabetes). Studies in obese women with PCOS have shown restoration of ovulation by weight loss.

Obesity is also considered in the National Institute for Health and Clinical Excellence guidance on fertility (NICE 2004), with the reduction of body mass index to less than 29 being recommended for women having problems becoming pregnant.

There is also a growing belief that males are more responsible for infertility

problems than previously believed; sperm count is thought to have been in decline for some years. Theories about the causes of the decline in male fertility include oestrogen in the water supply, chemicals, alcohol and diet.

Loss of pregnancy

Miscarriage – the loss of pregnancy before viability – most commonly occurs during the first 12 weeks (the first trimester) but can occur up to 24 weeks (the gestational age of viability). Miscarriage rates vary with age, increasing from 10 per cent before the age of 30, to 34 per cent at age 40 in clinically recognised pregnancies, where a foetal heart is seen on ultrasound. The more sensitive that pregnancy tests become, the more likely it is that a higher rate of failed pregnancies is recognised.

It is estimated that at least one third of miscarriages among women under age 35 are due to an abnormality in the chromosome make-up of the embryo; among women over age 40, this rises to well over 50 per cent. Other causes of miscarriage include imbalances in pregnancy hormones, problems in the immune system, and infection.

Sometimes women who think they are experiencing a miscarriage actually have an ectopic pregnancy, as the symptoms can be similar (bleeding and lower abdominal pain). An ectopic pregnancy occurs when the fertilised egg attaches itself outside the cavity of the uterus. The majority of ectopic pregnancies are found in the fallopian tubes, and treatment may be surgical (including removal of all or part of the tube), medical or careful monitoring alone. Ectopic pregnancy is on the increase, and is more likely to occur among women who have had pelvic inflammatory disease.

References

1. NOS: www.statistics.gov.uk/pdfdir/frc0607.pdf
2. Norman RJ, Dewailly D, Legro RS, Hickey TE. Polycystic ovary syndrome. *The Lancet* 2007 370 (9588): 685–697

Test your understanding

Test your understanding by answering the following questions, then check your answers by phoning our Telephone Marking Service on **08705 800 287**. You will be asked for the Tutorial Number. This tutorial is No 41. Listen to the instructions and press buttons 1 or 0 to indicate your answer – “1” indicates true; “0” indicates false. Calls are charged at standard national rates.

This module will also appear on the C+D website, www.dotpharmacy.com, under 'Education' until November 7, 2007.

If you pass this module, and want the appropriate certificate for this College of Pharmacy Practice accredited tutorial, complete the form below and send the original (or a photocopy) to: Pharmacy Projects, CMPMedica Ltd, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE before November 7, 2007. Please enter your name, pharmacy, address, and phone number below:

Name: _____

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1. The first phase of a woman's cycle is ovulation

☐ True ☐ False

2. Once an egg is released it lives for approximately 24 hours

☐ True ☐ False

3. Fertility rates in the UK have increased in recent years

☐ True ☐ False

4. The length of the luteal phase varies

☐ True ☐ False

5. A woman's fertility declines sharply after age 35

☐ True ☐ False

6. Obesity is a cause of infertility

☐ True ☐ False

7. Infertility is rarely due to male problems

☐ True ☐ False

8. Miscarriages are rarely caused by chromosomal abnormalities

☐ True ☐ False

9. Most ectopic pregnancies are found in the fallopian tubes

☐ True ☐ False

10. HCG is the hormone detected by ovulation and fertility monitors.

☐ True ☐ False

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Total pharmacy

Geoff Ray of Total Health Pharmacy in Watton, Norfolk, has set up a pharmacy with a holistic approach to healthcare

I have set up a pharmacy not only offering the usual pharmacy services but concentrating on a holistic approach to healthcare, hence the name Total Health Pharmacy.

Services include chiropody, reflexology and homeopathy, as well as a smoking cessation service via Cignificant, the Norfolk NHS stop smoking service.

I wanted to offer not only a high quality traditional pharmaceutical service but also an alternative approach to healthcare for those clients who want a more holistic approach. I and many people, including some GPs, believe that conventional medicine can be complemented by other therapies to achieve improved healthcare.

I drew on past experience of what customers have asked for, as well as looking at trends in healthcare and assessing what was available locally. The setting up of Total Health Pharmacy identified and filled a gap in the market.

I also approached national organisations, such as the Health Professions Council, for advice on trends and the level of demand for such services, and recruited fully qualified, accredited professionals to provide the level of service Total Health Pharmacy expects.

I started with the Yellow Pages and contacted local practitioners who might have been interested in providing their services. This quickly produced interested parties who were finalised after interview.



“ I drew on past experience of what customers have asked for ”

Out of hours

My hobby is marathon running.

My desert island discs would be Bob Dylan's Lay Lady Lay, James Blunt's You're Beautiful, and Lou Reed's Walk on the Wild Side.

Apart from my family, from my burning house I would rescue my Steiff bear collection, a photo of my late father and my iPod.

My guilty pleasures are Tunnocks Caramel bars and Campari and soda – but not together.

My ideal date would be Norma Jean, aka Marilyn Monroe. My dream dinner party guests would be Bob Dylan, Sir Alex Ferguson and Sir Trevor McDonald.

There was a minimal cost in setting up the complementary services. Equipment and facility costs plus promotion and marketing were the main costs.

Healthcare is changing, especially the way we provide it. But sometimes people are nervous of doing something different. I believed in what I wanted to offer and was prepared to work hard at marketing such services.

Seeing clients regularly making repeat appointments and listening to their positive comments on the services they receive is confirmation that what we are doing is beneficial to their healthcare.

The chiropody/podiatry service has had the biggest impact, especially with the elderly and diabetic patients. The smoking cessation clinic is also a big benefit, with referrals

coming from GPs, the NHS (via the Cignificant helpline) and also self-referrals. However, the lack of any PCT funding restricts the breadth of services we are able to offer now and in the future.

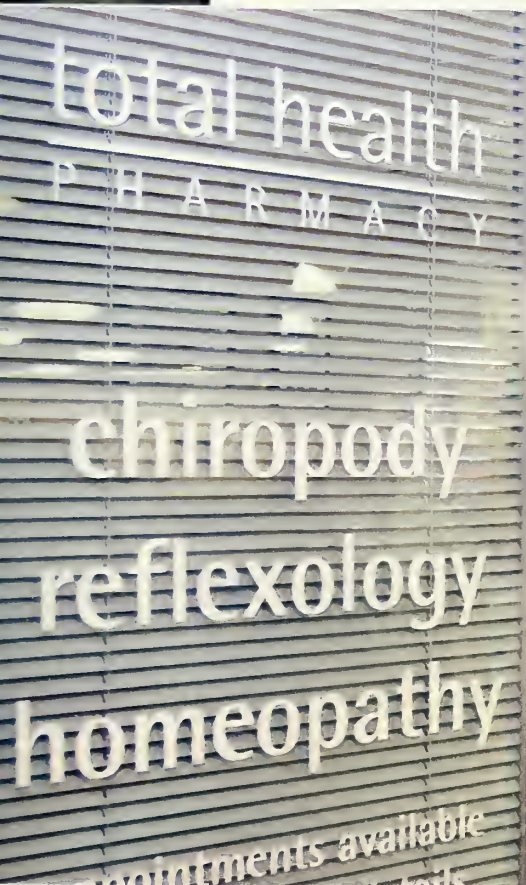
My advice to other pharmacists thinking of offering similar services would be to research what is currently on offer in the local area, research the qualifications and credentials of any healthcare practitioners you intend to use and be prepared to promote and market these services to 'non-believers' as, once they've tried them, most people will quickly see the added benefits of such therapies.

It is early days yet but I have already been asked by customers to provide additional services such as physiotherapy and chiropractic. Watch this space!



Under the white coat

- The best thing about my job is customer appreciation of services. Customer interaction makes my day worthwhile as I am a hands-on pharmacist.
- The worst thing about my job is the destabilising effect of the pharmacy supply chain, which is creating uncertainty. It's also frustrating when my second pharmacist is not available and I am not able to do things such as attend meetings.
- When I was growing up I wanted to be a footballer, like lots of young lads. Now, if I wasn't a pharmacist I would be an outdoor pursuits instructor in skiing and summer mountain sports.
- My weirdest pharmacy moment was being asked for a wormer for a pet pot-bellied pig.



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Hawkeye on the web
Sat 13.10.07
Le wi-fi

Subject:



Vive la France. The nation that's home to fine wine, gourmet food and, currently, a cracking rugby World Cup, is turning its romantic capital city into one giant hotspot. In a determined effort to turn Paris into a "world digital city", Bertrand Delanoë, the socialist mayor, has created a web of 400 wireless broadband networks as part of a £1.4 million project to get citizens online (tinyurl.com/2wvyr4).

Monsieur Delanoë's efforts are intended to bring Paris towards the futuristic vision of a wi-fi world pioneered in places like San Francisco. And it has some catching up to do. A survey by networking firm RSA Security (rsa.com) found a total of 7,130 wi-fi access points in London compared with 6,371 in New York and a lowly 827 in gay Paris.

Across the UK, wi-fi hotspots are popping up all over the place. Chains such as Starbucks have provided connectivity for some time and last week McDonald's staked its claim as the UK's largest provider of free wi-fi by installing hotspots at its 1,200 outlets (tinyurl.com/2dwaeq).

When large multinational corporations such as these provide such a service for free you'd be right in thinking there was something in it for them. For McDonald's and Starbucks it's a way to attract business and encourage customers to eat more burgers and drink more coffee.

While the thought of a Costa Coffee concession in every pharmacy might drain the blood from some contractors' faces, the idea of the community pharmacy as a wireless hotspot is an interesting, albeit not new, concept (touchbriefings.com/pdf/1895/Ponte.pdf). It is essentially an extension of the information



terminals that are already present in some pharmacies and could encourage the public to use pharmacy as a 'healthcare library'. In turn, this could lead to better engagement with patients and greater take-up of health promotion services.

Patients could also use the pharmacy hub as a location to connect with other healthcare professionals. A similar thing is being done in southern India, where wireless networks have been adapted to provide long-distance links between eyecare clinics in remote villages and the Aravind Eye Hospital at Theni (tinyurl.com/2fd5eg). The connection enables patients to 'see' experts via high-quality video links.

It's probably important to note the lack of consistent, hard evidence to categorically reject the fears about low level radiation caused by wi-fi but the Health Protection Agency (hpa.org.uk) points out that a person sitting in a hotspot for a year would be exposed to the same amount of radiation from a 20-minute mobile phone call.

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Rules 1. This competition is open to any pharmacist or permanent member of staff who works at an address which receives either C+D or Pharmacy Today 2. Competitors may enter through C+D or Pharmacy Today, but may only submit one entry. Double entry will disqualify both entries 3. Entries must be on an original coupon from C+D or Pharmacy Today, and to be eligible for the prize entrants must correctly answer the question on the coupon 4. The prize offered will be as stated. No alternative holidays or cash prizes will be offered 5. Names of winners will be published in C+D and Pharmacy Today 6. In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into 7. Employees of CMP Information Ltd, Affinity Travel Services and trading divisions and their immediate families are forbidden to enter 8. No purchase is necessary to participate 9. The closing date for this month's competition is as printed on the entry coupon.

Send your entry to: Pharmacy Travel, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE Incomplete entries will not qualify for the prize draw/holiday discount voucher



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AAH CONVENTION 2008

Cape Town, South Africa

15th to 21st April 2008

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AAH Pharmaceuticals is delighted to announce that next year's annual convention will take place in Cape Town, South Africa.

Cape Town, the gateway to Africa, is steeped in history and rich in culture. Your welcome will be as warm as the African sun, exuding the enthusiasm and passion of its people. The Mount Nelson Hotel is an oasis nestled between the breathtaking Table Mountain and the bustling shops and restaurants of Cape Town. The convention and social programme will provide a truly unrivalled experience.

During the AAH Business Sessions you will hear about the latest topics in pharmacy from knowledgeable industry figures. Pharmacists will gain valuable hours towards their CPD portfolios. The itinerary also offers some outstanding entertainment, a bespoke partner programme and time to experience local culture.

To compliment your visit, we are offering a very limited number of places for a three night stay at Sir Richard Branson's exclusive Ulusaba Safari Camp. Here guests will enjoy the unique sights and sounds of Africa before returning to Heathrow direct from Johannesburg.

Booking forms will be sent to you in late October. In the meantime, should you have any queries, please contact the convention office on 0207 812 7013.

